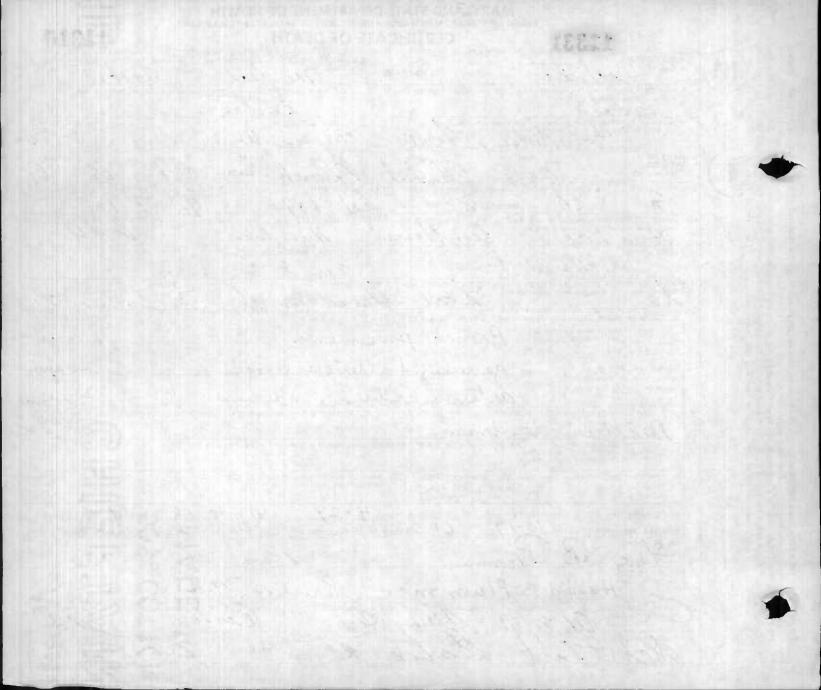
TO FC

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11331

11316

1.	PLACE OF DEATH a. COUNTY	& 7 Fi.	USUAL RESIDENCE (Where deceased a. STATE		efore odmission)
1	blarchoelie	MARYLAND	Margland	b. COUNTY Lalf	Z/
	b. CITY OR TOWN (If outside exporate limits, we RURAL and give nearest toyn)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putside corpor	ate limits, write RURAL and give	nearest town)
1	d. NAME OF HOSPITAL Uf not in hospital give s	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	OR INSTITUTION Frake Merse	ing Home	aurara If	70 101-	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	Month	Day Year
5.	1 90 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE lost buthday) Months Day	EAR IF UNDER 24 HRS. YS Hours Min.
10	D. USUAL OCCUPATION (Give kind of work done during jost of working life, even if retifed)		STAY 11. BIKTHPLACE (State or foreign co		OF WHAT COUNTRY?
L	ducing fost of working life, even if retifed)	Cen Home	Maryland	4.	19
13	FATHER'S NAME BAKKENSON	& Jump	14. MOTHER'S MAIDEN HAME	clam	
	(WAS FECASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		leval Barrick	Hatt Lear Sto	- Jus
	1B. CAUSE OF DEATH [Enter only one cause p	per line for (a), (b), and (c).]	7		NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchi-pro	1 min		NSET AND DEATH
	Tac DUE TO	10			2000
	Conditions, if any, which)	generalized a	Atrain se la mais		20 em-
	gove rise to immediate cause (a), stating the under-	0			
	lying cause last.	enteresclerate	iche houseas	L	To years
NO.	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(c	19. WAS UTOPSY
3	Belateral dea	Ineso			YES NO
CERTIFICATION	20°a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port	II of item 18.)	
3		Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City	or town) (Cour	nty) (State)
MEDICAL		Vhile Not while to work at work	ctory, street, office bldg., etc.)		
	21. I certify that (I) (this haspital) at				that (I) (we) last
	saw the deceased alive an 10-1	196_/, and that c	leath accurred at Carth Mr. fram	he causes and an the de	
	IN IKIT		M.D. PHYS. MED. DIRECTOR	STAFF	22b. DATE SIGNED
	22c. PHYSICIANS	emetel	M.D. PHYS. DIRECTOR DIRECTOR 22d. ADDRESS	PHYS.	
L	NAME (Type) Harold B. 1	Plummer	Pereston ?	nd.	
23	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d CCC	ON (Gity, town or county)	(State)
-	Cef. 71, 6	1 String &	sey sex	N	IKA.
24	FUNERATOR SIGNATURE	Buston	DATE 25a. REC'D BY REGISTION OF THE PROPERTY O	25b. REGISTRAR'S SIGNA Outling S. H	
	To the same of the				



FOR STATE HEALTH DEPT.

delay is necessary, need director. Page examed for your files. State Board of Health, TO CTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 16, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any went within 72 hours after death.

VS. A1SME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

											G
1.	PLACE OF DEATH		31-			2. USUAL RESIDEN	CE (Whare o			sidanca	bafore edmission)
	Dor	chester Co	•	MARYLAN	D	e. STATE Md.		b. COU	Dorch	nest	er Co.
	b. CITY OR TOWN (if	foutside corporate lim give neerast town)	its,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside con	porete limits, write			
Y	Crocheron,			42 Yrs.		Crocheron	Ma	X			
1	d. NAME OF HOSPIT	AL OR INSTITUTION	if not in hos	pital, giva streat eddress)		d. STREET ADDRESS	Pitta	1		1	e. IS RESIDENCE
	Crocher	on, Md;				Crochero	on. Md.	. 1			YES NO
3	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	1	Day	Yeer 67
	(Type or print)	Sarah		Elizabeth		Bennett	DEATE	oct.	16	5.	19-47
5	. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8.	DATE OF BIRTH	19	AGE (In years	IF UNDER 1 Y	EAR I	UNDER 24 HRS.
	Famale	White	WIDOWE		D	ec. 27, 187	2	88 yrs.	Months Da	ys	Hours Min.
10	Da. USUAL OCCUPATION of working most of working	ON (Give kind of work	10b. KI	ND OF BUSINESS OR INDU					12. CITIZI	EN OF	WHAT COUNTRY?
1	None	vind tite' eagu it teiltg		one		Holland Is	land 1	Md	U.S.	A	
10	. FATHER'S NAME				1	14. MOTHER'S MAIDEN		iu.	1 0 - 21	M.	
	George	Waller				Sarah Wa	aller				
1 15	. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. IP	NFORMANT	ALLUI	Address			-
10	(lf: No.	yes giva wer or datas of s	- 1	Vone	Mi	lton Bennett	- 0-	naahaman	Ma		
-		EATH (Enter only one		ne for (a), (b), and (c).]	A Andre	Toon Demie	0.1	rocheron	, Mu.	INTER	VAL BETWEEN
		WAS CAUSED BY:	Cere	bral vascu	1 8	r accident	h.				T AND, DEATH
	331X		0010	01 41 14100							111110
	Conditions, if eny,	DUE TO						360			
	gave rise to immedia	ta cause									
	(e), steting the underlying DUE TO										
7		SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT	DELATED TO THE TERMIN	IAL DISCASS	COMPUTION CO	The the Danker	11.40	
5	TAKI III OTILIK	SIGNIFICATOR CONDI	10113	TRADUTATION TO BEATTH BOT	1401	KEENIED TO THE TERMIT	WE DISEASE	CONDITION GIV	EN IN PART I	a) 19.	PERFORMED?
15	20- EVTERNIAL CAL	105 1445	Ol DECEDI	or flow this in a country	D (F					YES	□ NO 1
CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.										
MEDICAL	20c. TIME OF INJUR Hour e.m.	Y Month, Day, Yes	While	_Not Whila		E OF INJURY (Home, farm ry, street, office bldg., etc.		y or town)	(County	/)	(Stata)
	21. I certify tha	at I took charge o	of the rema	ains described above,	held	an Autopsy ,	Inspection	X, Inquir	у П.	and in	my opinion
	The state of the s	om: Natural ca				le . Homicide	promp	determined m			
		0		^		CHIEF MEDICAL E		٦			
	ACTUAL	V	2	- To V		A COLOTANIT MEDI	_	JED 🗆		DAT	TE SIGNED
	SIGNATURE	fun	- 16	7		_ M.D. ASSISTANT MEDI		70/	19/61		
	EXAMINER'S NAME (Typa)	John Mac	e Jr.	M.D.	'	Address (Street, c			"	Α.	Md.
22	BURIAL, CREMATION			22c. NAME OF CEMETERY	OR			TION (City, town,		,	(State)
F	Burial	Oct. 18.	1961	Greenlawn C	em	etemr	Cambas	dae	Md.		
	3. FUNERAL DIRECTOR			ADDRESS	, GHI	240. BEC	क हैं शब्दा	RAN 24b. REGI	STRAR'S SIGN	NATURE	
I	eCompte Fu	neral Serv	ice	Cambridge, M	Id.	DATE	1 01	Cisi	thun S. H	20MB	
-			-								

******* 7 m 7 m ON TENTO District testores , CHETTER TOTAL CONTRACTOR A STATE OF THE PARTY OF THE PAR . It secretor them office the Total of the last the to omes times believe framers asome at 11333

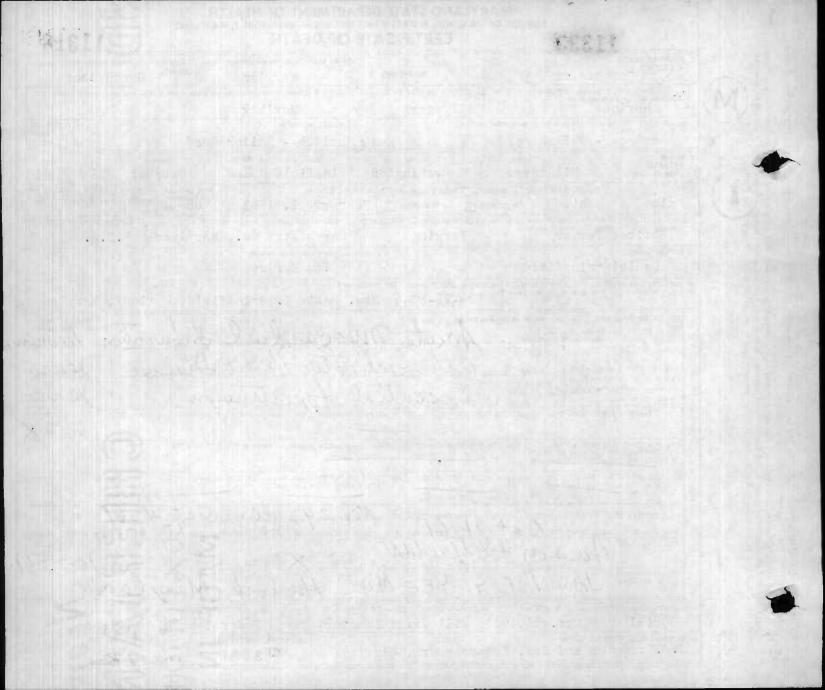
aurs after death. Page 4

by the funeral directar, d 2 shauld be filed with pup TO HOT TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may retained by the haspital ar attending physician.

TO FURTERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillingage 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages the State Baard at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs, after death.

VR A1S (4) 1SM 9/59

-		4.10.10			- 1							
	A. COUNTY DOTO	hester		MARYL	AND	2. USUAL RESID a. STATE		ere deceased	lived. If instituti b. COUNTY	on: Residence b		ssian)
Ī	RURAL and give ne Hurlo		ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR T	OWN (If a		ate limits, write R	URAL and give	nearest taw	/n)
	OR INSTITUTION	At (If not in hospital, g - Shiloh R				d. STREET A		Shiloh	Road		ON	SIDENCE A FARM?
	NAME OF DECEASED (Type ar print)	Fir Milbour		Middle Brewing	gton	los Brinsf		4. DATE OF DEATH	Man		Day 21	Year 1961
5.	SEX Male	6. COLOR OR RACE White	7. MARK	ED DIVORCED	_	B. DATE OF BIRTH			9. AGE (In years lost birthdoy) yrs.	Months Day		T-
100	. USUAL OCCUPATION during most of work Retired	N (Give kind of work ing life, even if retired Farmer	done 10b.	KIND OF BUSINESS OR Farming	INDUS			-	untry) Marylan	12. CITIZEN		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Daniel	Brinsfield				Clec	Hurl	ey				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress		
(Ye	s, no, ar unknown]	If yes, give war or dates of s	ervice)	214-28-834	4 M	rs. Kati	e E.	Brins	field, H	urlock,	Mary	land
ATION	Canditions, if or gove rise to it cause (o), stoting lying cause lost. PART II. OTH	the <u>under-</u> DUE TO)	Essen CONTRIBUTING TO DEA	TH BUT	al Hy NOT RELATED TO	per THE TERMI	tens NAL DISEASE	LOW CONDITION GIVE	VEN IN PART 1(d	Je Je Je Je Je Je Perfi Yes F	ORMED?
AL CERTIFIC	(IF EITHER, NOTIFY	CAUSE OF DEATH		CRIBE HOW INJURY OC								
MEDICAL	Haur o. m.	Y Month, Doy, Ye	While	Not white k of work		tary, street, affice			ar tawn)	(Caur		(Stote)
	21. I certify tha saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	JASON	ot. F.	led the deceased to 2 19 6 and 9 Yelly G. YEE	that d		at 10:	ED. RECTOR Ock,	STAFF PHYS. May	y lar	ate state	(we) last d abave. 2b. DATE SIGNED 2 3 6
230	BURIAL, CREMATIO REMOVAL (Specify)	Oct. 24		23c. NAME OF CEME Hill Cres					ION (City, town, ralsburg		(Sid	ate)
	funeral director J.J.Frampt		, Fed	ADDRESS deralsburg,	Mar	yland		T 3 0 '6'		Thun & He		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH iwk

11334	CERTIFICA	ATE OF DEATH	lwk	Reg. Dist. No. 11319
1. PLACE OF DEATH 6. COUNTY Dorchester Co.	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Marylan	re deceased lived. If institution b. COUNTY	nı Residence before admission) Dorchester Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Md.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Cambridge	stside corporate limits, write RU Mde	(RAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION Cambridge Md. Hospi		d. STREET ADDRESS Cambridge	R.F.D. # 2	e. IS RESIDENCE ON A FARM? YES NO 52
3. NAME OF First DECEASED (Type or print) Omar	1 Middle Be	lost Brown	4. DATE Month OF DEATH Oct.	h Doy Yeor 8 19 61
	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 188		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Furniture Refinisher	b. KIND OF BUSINESS OR INDUS Furniture Repai	STRY 11. BIRTHPLACE (Stole C	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jashua Brown		14. MOTHER'S MAIDEN N. Ella Brid		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service)		nformant 's. Kenneth Ly	ons 1345 U St	SE, Washington, Do
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) L/20, Conditions, if ony, which gave rise to immediate couse (o), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDITION		Y ARTER		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE			
ZOC. TIME OF INJURY Month, Doy, Year 20d White Price P		ACE OF INJURY IHome, form, ctory, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the decedrative on 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. E. I.J.	osed from 3/2 6/, and that death LUNIA JR		3/	that I last saw the deceased and an the date stated abave. DATE SIGNED 10/0/6/
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Birial Oct. 11. 196	22c. NAME OF CEMETERY O		22d. LOCATION (City, tawn, or Cambridge.	r county) (Stote) Marvland
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service	ADDRESS Cambridge, Md.	24a. REC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death: Page 4 in by the funeral director and 2 should be filed with make a retained by the hospital or attending physicion.

(Etal DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Po the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death. 0 VS A15 (4) 15M 9/55

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	er i di le la
AND NO DESCRIPTION OF	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Kent b. COUNTY filled in by the f Pages 1 and 2 s urs after death. Dorchester Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town! 9vr.llmo.2lida Cambridge Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Eastern Shore State Hospital 515 High Street NO T NAME OF A DATE DECEASED Elizabeth Ann Coleman October 30 19 61 (Type or print) DEATH carbon 8 6. COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | and Female last birthday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) housewife U.S.A. Maryland please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Ivens ? Unknown Sarah Elliott John H. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. or remova (Yes, no, or unkown) | (If yes give wer or detes of service - Eastern Shore State Hospital RECORDS certificate has been signed by the attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Embolus l hr. IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CATION SE 0 PERFORMED? for use NO I CERTIFIC 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH After this MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. While Not While Hour e.m. et work et work DIRECTOR: 30 19.61 that (I) (we) last 21. I certify that (this hospital) attended the deceased from.......... plnous saw the deceased alive 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. MD FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. John F. Schneider E.S.S. Hospital. Cambridge. Md. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stele) EMOVAL (Specify) Chester Cemetery Chestertown, Md. Nav. 1961 Burial H 24 PUNERAL DIRECTORIS SIGNATUR 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Chestertown, Md. DATE NOV 15M 7/61 arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH

numbers of the second second THE PERSON NAMED IN COLUMN inc. John F. Schmidden S. S. Rospinsky Landred Co. S. S. S. Caro a captoria. No. 11 No. 1 Television of the Control of the Con

CEDTIEIC	ATE	OF	DEA	TL

		1220		CERTIF	ICA	TE OF DEATH	1		Reg. Dist	. No.	1	13
	PLACE OF DEATH COUNTY	chester, 6	0.	MARYLA	UND	2. USUAL RESIDENCE (WI o. STATE	nere decease	d lived. If institution b. COUNTY	Dorc			_
	CITY OR TOWN (If RURAL and give no	autside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF o	outside carpo	orate limits, write R				
	Cambridg			2 Days		X Hills Poi	nt, Mc	1.				
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, g	ive street	address)		d. STREET ADDRESS					IS RESI	FARM?
C	ambridge M	d. Hospita	1			Cambridge	R.F.	D. # 3			YES [NO [
	NAME OF DECEASED (Type or print)	Fir		Middle		Lost	4. DATE OF DEATH	Man	th	Day		Yeor
5. 5		Beatri 6. COLOR OR RACE		V.		Condon		9. AGE (In years	IF UNDER 1	YEAR I		19 6
				DIVORCED	-			last birthday)		-	Hours	Min.
	emale	White	WIDOWE	90	1	Oct. 5, 1910	(51 yrs.	122 61717	511.05	24/1147	COUNT
100	during most of work	ing life, even if retired	ione IVb.		INDUS	TRY 11. BIRTHPLACE (State			12. CITIZ	EN OF	WHAI	COUN
	None			None		Neck Dis			U	S.	1.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
	Will	iam H. Con	don			Mamie V	Vooler	1				
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	IFORMANT		Addi	ess			
	No			None	M	rs. Robert Ma	arshal	1 Cam	bridge	R	F.I). #
		TH WAS CAUSED BY:	//	(1116 and (c).)							VAL BET	
	592 X	IMMEDIATE CAUSE (a				. , / =0				1./-	2 ()	1000
	Canditions, if ar	y, which) (b		home	1	repliente.	, .					
	gave rise to in	nmediate (/						
	cause (a), stating I lying couse last.	ne <u>under-</u>										
TION	PART II. OTH			9.	H BUT	NOT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PART	-	PERFO	AUTOPS
Š		Cana)		nee / co	7	, Meck	1	acker a	2266		YES [NO/C
L CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	URREC	." (Enter nature of injury in t	Part I of Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a.m.	Y Month, Day, Yes	20d. It While at war	_ Not while _		CE OF INJURY (Home, form lary, street, affice bldg., etc		y ar town)	(Co	unty)		(Stal
		at Lattended the	deceas	ed from	3	. 1953, toO	cr3	0 , 199/	_,that I la	ist sav	v the	deceo
	ACTUAL SIGNATURE	Chil	340	Ler, and that d	leath	occurred at Man		the causes of treet, city or town		date,		ATE SIG
	Janes Harris	ALBERT E. B	UNKE	R, M. D.		CAMBRIDG	E, MAI	RYLAND		1		A

220. BURIAL, CRE	220. BURIAL, CREMATION, 22b. DATE THEREOF				22c. NAME	22c. NAME OF CEMETERY OR CREMATORY					22d. LOCATION (City, tawn, or caunty)		
Burial (S	specify)	Nov.	1,	1961	East	New	Market	Cemet	tery	East Ne	w Market.	Md.	
23. FUNERAL DIR					ADDRE						24b. REGISTRAR'S SI		
LeCompte	e Fune	ral	Ser	vice	Cambr:	idge	,Md.		DATE	NOV 7 '61	arthur.	S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within VS A15 (4) 15M 9/55

me be retained by the hospital or attending physician.

THERELOR: After this certificate has been signed by the attending physician and campletely payed shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pathe registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

24 hours after death. Page 4

d in by the funeral director,

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en canada a mara	•		o modes toda
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			Principle of the Child of the C
	mair somest	.1.	TOTAL COMMITTEE STATE
			TELEVISION TELEVISION

11322

ON A FARM?

YES NO T

YES NO

(State)

22b, DATE

25b. REGISTRAR'S SIGNATURE

SIGNED

Year

1961

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission PLACE OF DEATH D. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) BRIDGE d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION FASTERN Rura SHORE NAME OF DECEASED 4. DATE First Manth DEATH ORRIDEA (Type or print) Oct. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX Manths 90 yrs. CAUCASIAN WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? durifig most of warking life, even if retired) HOME ILSEW; FE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service) NONE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DUE TO HEART FAILURE Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the under-ATHEROSCLEROSIS lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? EHYDRATION + INANITION 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark p. m. 19.6 1, that (1) (ma) last 21. I certify that (I) (this haspital) attended the deceased fram._ 19 6 1, and that death accurred at 4 AM, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATUKE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR -22d. ADDRES 22c. PHYSICIAN'S EAST. SHORE STATE HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City, town, or county) 23g. BURIAL CREMATION, 23b. DAJE THEREOF

ADDRESS

\$5a. REC'D BY REGISTRAR

1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

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Item 18 Film

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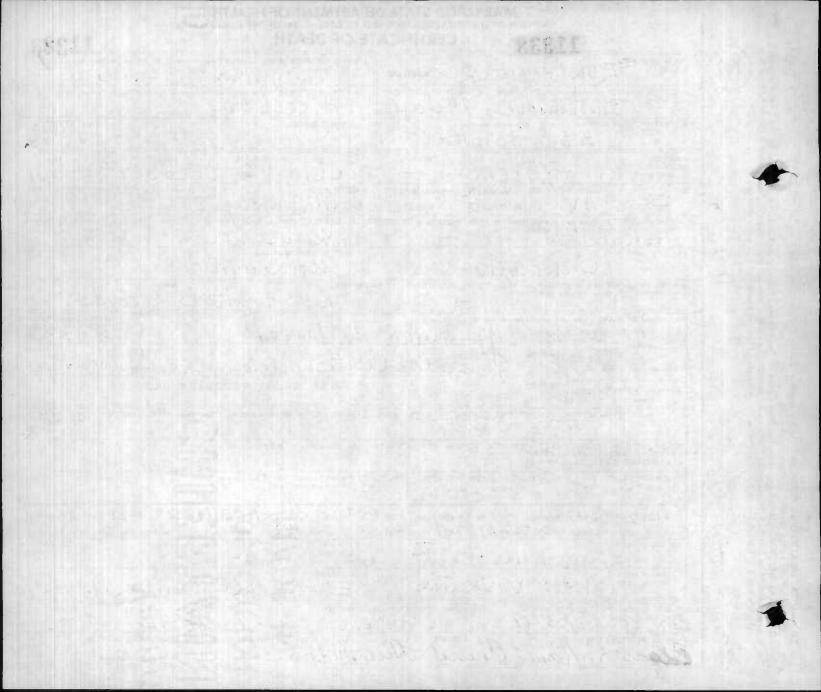
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VR A15 (4) 15M 9/59

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FOR STATE HEALTH any delay is necessary, funeral director. Page TO SULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11339MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11324

1	a. COUNTY Dorchester	MARYLAND	a. STATE Md.	E (Whare dacassad lived, If In b. COUNT	Stitution: Residence before admission) Y Dor
A	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outsida corporala limits, writa !	RURAL and giva nearest town)
	write RURAL and give nearest town) HUTLOCK	All life	X Hurl	ock R.F.D.	(Bobtown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, giva straat address)	d. STREET ADDRESS		a. IS RESIDENCE
1	R.F.D.				YES NO
	3. NAME OF First	Middla	Last 4	. DATE Month	Day Yaar
	(Type or print) Clarence		lbert	DEATH Octobe	er 18 ₁₉ 61
1	5. SEX 6. COLOR OR RACE 7. MARR	JED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years III	
1	M Negro WIDOW	VED DIVORCED	5/26/03	58 yrs.	Months Days Hours Min.
1		KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	dona during most of working life, avan if retirad) Laborer	ay labor	Maryland	d	U.S.A.
J	13. FATHER'S NAME	ay Labor	14. MOTHER'S MAIDEN NA		
	Edgar Elbert		Bertha A	tkinson	
1		S. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	310-231-1-1-1-1
ı	(Yas, no, or unkown) (Ifyasgivewarordatasofservica)	None	Edger Elher	rt, Hurlock,	Ma
1	18. CAUSE OF DEATH [Enter only one cause per		Tabar Trao.	i o, mai rock	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	ongestive he	ant failume		ONSET AND DEATH
1	11 0 11 1	ongestive her	arr Tarrare		
1	734, DUE TO				
1	Conditions, if any, which (b)				
1	(a), stating the undarlying DUE TO				
d	cause last. (c)				
4	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	K				YES NO X
ı		RIBE HOW INJURY OCCURED. (E	ntar nature of Injury in Part I	or Part II of Itam 18.)	
1	PRIMARY Or CONTRIBUTING CONTRIBUTING				
4	Z 20c, TIME OF INJURY Month, Day, Year 20d	. INJURY OCCURRED 200, PLA	CE OF INJURY (Homa, farm,)	20f. (City or town)	(County) (State)
1	20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Whi	110 1111110	ory, street, office bldg., atc.)		
1	Pint. 17				
	21. I certify that I took charge of the re		Id an Autopsy, In	spection X, Inquiry	
1	death resulted from Natural causes X], Accident [], Suici	de, Homicide	, Undetermined man	nner
	()	V	CHIEF MEDICAL EXA	AMINER [
1	SIGNATURE SUCCESSION	win	M.D. ASSISTANT MEDICA	AL EXAMINER	DATE SIGNED
1	EXAMINERS		DEPUTY MEDICAL EX	XAMINER K	10/18/61
1	arware (t)	72	Addrass (Streat, city	y, town, or county)	,
	228. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		2d. LOCATION (City, town, o	or country) (Stata)
	REMOVAL (Spacify) Burial Oct. 21, 1961	Thompsontown C	emetery	Near Fast Now	Market, Maryland
1	23. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
	J.J.Framptom and Son, Fe	deralsburg, Mar	vland DAGCT 2	4 '61 archu	7 S. Kraus

STEED BOLD AND STAND OF STANDED AND CONTROL OF THE Lamberton A. H. D. Belleylow the west of the Carlotte A LE CHOTELLE CHESTER TRANSPORTER TO THE

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

112/0 CEDTIEICATE OF DEATH

1	7	2	17	Dan-	
-	_~~~		100		
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77970	CERTIFICA	L OI DEATH		11325
, PLACE OF DEATH			here deceased lived. If institution: Resid	ence before admission)
DORCHESTER	MARYLAND	MARYLAN	D SOMER	SET V
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL on	d give nearest town)
CAMBRIDGE (RFD 2) MD.	3 MONTHS	CRIS	FIELD	1434
d. NAME OF HOSPITAL (If no in hospitol, give street odd OR INSTITUTION	ress)	d. STREET ADDRESS	0.11-	e. IS RESIDENCE ON A FARM?
EASTERN SHURE STATE	HOSPITAL	SOUTH SO	MERSET HUE	YES NO
B. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Yeor
(Type or print) VOHN	TYLER	EVANS	DEATH OCT	10 1961
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UND lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS.
MALE CAULASIAN WIDOWED [DIVORCED	7-6-8	81 yrs.	Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if, retired)				ITIZEN OF WHAT COUNTRY?
WATERMAN SE	AFOOD	MARYLA	NO	
3. FATHER'S NAME		14. MOTHER'S MAIDEN		
SOLOMON EVAN	2	ANNA	E, BRADS	SHAW
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes, give war or dates of service)		ORMANT	Address	Name P
NO 217	7-03-1445	EASTERN	SHORE STATE	HOSPITAL KEC
18. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), and (c).]	0.5	ton.	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	IEN TRI	CULAR	FIBRILLATION	1/2 HR
DUE TO	1			211-00
Conditions, if any, which) (b)	YOCARDII	IL DEGE	NERATION	FYEHR
gove rise to immediate cause (a), stating the under-	xil-nocc	-047/-	C 11 D	
lying couse lost. (c)		LEROTIC		
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED
3				YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of item 18.)	
	RY OCCURRED 20e. PLA	CE OF INJURY (Home, for	Pos (c)	10 111 1011
Hour a.m. While	Not while foct	ory, street, office bldg., et	c.)	(County) (Stote)
	ot work	F. 11. 1/		4.4
21. I certify that 🕮 (this haspital) attended	the deceosed from.		061, to OCT. 10, 19	
saw the deceased olive an OCT 1D	19_ 6_ /, and that de	eath occurred of	M, from the couses and on t	
220. SIGNATURE		ATTENDING A	AED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S	N N	.D. PHYS. D	DIRECTOR PHYS.	10-10-6
NAME (Type)	7 N.D.		Shows State Mosnite	1 Combadda
George M. DUNN			Shore State Hospita	
REMOVAL (Specify)	SUNNY RIDGE		23d. LOCATION (City, town, or county) CRISFIELD, MAR	
A FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REGISTRAR'S	
Rahent H. Brushlaw			T 1 2 '61	
I Comment of the comm	and the same of the same of	DAIL	11 13 01 0.51 - 6	46

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FOR STATE HEALTH DEPT.

execute the certificate, writing the control of the certificate, writing the folial be forwarded to the Chica of its designated agent, prior to the control of the certification of the certification

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Ę	0	hief	should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health,	a burial, crematian, or remayal, and in any event within 72 hours after death.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

341 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Reg. Dist. N.11326

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	ARYLAND O. STATE Maryland b. COUNTY Dorchester
b. CITY OR TOWN [If autside corporate limits, write RURAL ond give nearest town]	
Cambridge Life	Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street adds	dress) d. STREET ADDRESS e. IS RESIDENCE
Cambridge Maryland Hospital	/ 59 Douglass St. ON A FARM?
3. NAME OF First Middle DECEASED	Losi 4. DATE Month Doy Year
(Type or print) Maggie Hayward	
5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRI	fost birthdoy Months Days Hours Min
Female Negro WIDOWED DIVORCE	5 January 26, 1898 68 vs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer	Beckwith, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel W. Hayward	Cornelia Henson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [(If yes, give war or dates of service)	IO. 17. INFORMANT Address
No 214-07-794	+7 Edmond Haywadr 59 Douglass Cambridge
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Hemorrhagi	
5 7 / / DUE TO .	
Conditions, if ony, which) (b) Massive he	emorrhage / l day
gove rise to immediate couse (a), stating the underlying DUE TO	
couse tost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enler nature of injury in Part I or Part II of item 18.)
	20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
Hour o. m. White Not white p. m. 19 at work of work	toctory, street, office blagt, etc.)
21. I certify that I took charge of the remains describ	ped obove, held an Autopsy A, Inspection , Inquiry , and in my
opinion death resulted fram: Natural causes X, Acc	
	0
SIGNATURE FALLEN MINE	M D CHIEF MEDICAL EXAMINER D
	ASSISTANT MEDICAL EXAMINER
examiner's John Mace Jr. M.D.	DEPUTY MEDICAL EXAMINE 10/31/61
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMI	SETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 10/19/61 Bet	thel Cambridge Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Herbert M. St. Clair Cambrid	dge, Md. DATE NOV 6

10 to

Film \$ 299- 11/1/61- MG. Two for one certificate - First reported on Reg. desth certs, signed by In. I blive Front Cambridge, Ma.

FOR STATE HEALTH DEPT. necessary, ector. Page TC TRUIT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

proves execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 1, funeral director. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of He or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11327

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Dorchester MARYLAND	• STAT Maryland b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Rural Aireys Cambridge Life	Rural Aireys
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Cambridge Maryland Hospital	ON A FARM? YES NO
3. NAME OF First Middle :	Last 4. DATE Month Dey Yeer
(Type or print) Johnann	Fisher Death October 17 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED DIVORCED	Aug. 29, 1889 72 yrs. Months Deys Hours Min.
	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Dorchester County USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Stanley	Millie Kiah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yes, no, or unkown) (Ifyasgivewerordatasofservice)	aymond Fisher Rt.#2 Dorchester Co.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Lobar pneumenia	ONSET AND DEATH
490X DUE TO	
Conditions, if any, which (b)	
geve rise to Immediate cause	
(a), stering the underlying	
(0)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
<u>————————————————————————————————————</u>	PERFORMED?
208. EXTERNAL CAUSE WAS 208. DESCRIBE HOW INJURY OCCURED. (8	inter nature of Injury in Part I or Part II of Item 18.]
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	and the straight of the straig
Hour a.m. WhileNot While fect	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that f took charge of the remains described above, he	ld an Autopsy K., Inspection, Inquiry, and in my opinion
death resulted from Natural causes X, Accident , Suici	ide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE SHOW MOVES	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINERS	, DEPUTY MEDICAL EXAMINER \$\ 10/23/61
NAME (Type) John Mace Jr. M.D.	Address (Street, city, town, or county)
22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR REMOVAL (Spacify)	CREMATORY 22d. LOCATION (City, town, or country) (Stele)
Burial 10/22/61 Aireys	Aireys, Maryland
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Herbert M. St. Clair Cambridge, M.	d. DATE 2 6 '61 arilan 8. thous

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11343

CERTIFICATE OF DEATH

Reg. Dist. No.11328

						Keg, Dist, N	0.11. 11. (5 14)
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDE O. STATE Mary]	NCE (Where dece	osed lived. If institut b. COUNTY	/ -	
Dorchester							hester
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write m)		c. CITY OR TO	WN (If outside co	rporote limits, write	RURAL and give ne	earest town)
Church Cre		life	Chur	ch Cre	ek		
d. NAME OF HOSPITAL (IF not OR INSTITUTION	t in hospital, give stree	et oddress)	d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF	First	Middle	Lost	4. DA1	E Ma	oth D	Day Yeor
OECEASED (Type or print) Emmo	ons	N.	Foster	OF DEA	TH Octobe	r 9	
S. SEX 6. COL	OR OR RACE 7. MA	RRIED A NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YEA	R IF UNDER 24 HRS.
Male Ne	aro widov	WED DIVORCED	February	12 10			Hours Min.
Oa. USUAL OCCUPATION (Give	kind of work done 10	b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLAC	E (State or foreig	n country)	12. CITIZEN	OF WHAT COUNTRY
during most of working life,	even if retired)		Don	Co-Md.		TI	SA
Minister 3. FATHER'S NAME			14. MOTHER'S M			0	DA
Alfred Fos				h Kiah			
S. WAS DECEASED EVER IN U. S Yes, no. or unknown) (If yes, give	war or dates of service)	ALCOHOLD AND THE REAL PROPERTY.				dress	
unk		220-03-9769	Hazel Fo	ster-C	hurch Cr	eek, Md	•
18. CAUSE OF DEATH [Ent	er only one couse per	line for (o), (b), and (c).]					TERVAL BETWEEN
PART I. DEATH WAS	CAUSED BY: ATE CAUSE (o)	Pemphigus				ON	ISET AND DEATH
704.1	DUE TO						
Conditions, if any, which	4.)						
gave rise to immediat	(0)						
couse (o), stating the under	DUE TO						
	J (c)	CONTRIBUTING TO DEATH OUT	T NIOT PELATED TO T	IF TERMINIAL DIS	ACT CONIDITION O		10 WAS AUTORS
PART III. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	I NOI RELATED TO IT	IE TERMINAL DISI	ASE CONDITION GI	VEN IN PART I(0)	PERFORMED?
5							YES NO
PART II. OTHER SIGN 200. ACCIDENT WAS UNDER OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL)	RLYING [] 20b. DE SE OF DEATH . EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of i	jury in Port I or	Port II of item 18.)		
20c. TIME OF INJURY Month Haur o. m. p. m.	Doy, Year 20d.	INJURY OCCURRED 20e. PI	LACE OF INJURY (Ho	me. form. 20f. (City or town)	(County) (State)
Haur o.m.	Whil	e Not while fo	octory, street, office b		only or town,	(Coomy) (Sittle)
		ark of work					
21. I certify that I at	rended the deced	used from March 1	7, 161.	to Octob	er_9, 19.6	1, that I last s	aw the deceased
alive on October	r 9 19	61), and that death					
	1				(Street, city or town		DATE SIGNE
ACTUAL	tasse	4/	M.D. 227 PJ	ne St.	Cambri	doe. Md	. 10/10/
		and the second of the second	Mile telephological	ery	,		4
PHYSICIAN'S J. Edi	win Fasse	ett, M.D.					
	DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LO	CATION (Cily, town,	or county)	(Slote)
Burial 10	0/13/61	Rock Cemet	erv	Ch	rist Roc	k. Md.	
3. FUNERAL DIRECTOR'S SIGNAL		ADDRESS		to. REC'D BY REC		ISTRAR'S SIGNATU	JRE
				ATE OCT 2		- New York 197	
Herbert M. St	.Clair	ambridge, Md.	D	ATE .		Thur S. The	u.A

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page A d in by the funeral director, I and 2 should be filed with may be retained by the haspital ar attending physician.

Serial DIRECTOR: After this certificate has been signed by the attending physician and campletely, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pathe registrar priar to burial, crematian, or remayal, and in any event within 72 hours after death. VS A1S (4) 15M 9/5S

£25.11 ę 2. r year markers Council Deadle, Ma. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. . O. S. other and rate St. Temperature

FOR STATE HEALTH DEPT

y delay is necessary, please the funeral director. Page ained for your files. EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any case the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the continuous for the continuous softice along with form PM3. Page 5 may be WARRAL DIRECTOR: Page 6 Choice Medical Examiner's Office along with form PM3. Page 5 may be WARRAL DIRECTOR: Pages 1 and 2 with the designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, there

9 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11344 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11329 Reg. Dist. No

		hester	MARYLAN	O STATE	CE (Where deceased I		tion: Residence Wicomi		nission)
	ural Cambr	outside corporate limits, write R	c. LENGTH OF STAY IN 1	c. CITY OR TOW	VN (If outside corporo	ote limits, write	RURAL ond g	ive neorest to	own)
(. NAME OF HOSPITA	L OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDR	ESS			e. IS I	RESIDENCE
Ea	stern Shor	e State Hos	pital	72	CHESTNUT	- WA	Y		A FARM?
3.	NAME OF DECEASED (Type or print) The	First	Middle Benton	Greene	4. DATE	tober			Yeo'61
5. 5	female		MARRIED NEVER MARRIED DIVORCED DIVORCED	3/8/1281	80	AGE (In years out birthday)) yrs.	Months Do		Min.
C	USUAL OCCUPATION In USUAL	N (Give kind of work do- g life, even if retired)	106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign count	lry)		N OF WHAT	COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME				
	Ashley Be	enton		Salli	e CROWI	PER			
15. [Yes	WAS DECEASED EVE	R IN U. S. ARMED FORC	rvice)	MFORMANT dical Recor	ds,Eastern	Address 1 Shore	State	Hosp.	Camba
-	Conditions, if on gove rise to immed (o), storing the u couse last.	nderlying DUE TO (c)	Myocardial Fai						Mo.
CATION	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	acture Fe m	TIONS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE	TERMINAL DISEASE CO	ONDITION GIV	EN IN PART 1		AUTOPSY ORMED? NO
CERTIFICATION	20g. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	SE WAS TRIBUTING TO	DESCRIBE HOW INJURY OCCURRED. Slipped and fell			tem 18.}			
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Year	While Not while fo	ACE OF INJURY (Home, octory, street, office bldg S.S. HOSP.	form. 20f. (City or camb)		(County		(State)
	21. I certify th	at I took chorge o	of the remains described at		opsy , Insp	ection 📆,	Inquiry	, ar	nd in my
	(resulted from: No	atural causes 🖺 , Accident	, Suicide	, Hamicide], Undeter	rmined mo		SIGNED
	ACTUAL SIGNATURE	John !	my	M.D.	AL EXAMINER EDICAL EXAMINER)			
	EXAMINER'S NAME (Type)	John Mace	JE. M.D.	DEPUTY MEDI	ICAL EXAMINER			10/1	TOT
220	BURIAL, CREMATION	and the same of th	1 224 NAME OF COMETERY OF Marcheld	OR GREMATORY.	224. LOCATION	lela ,	Mo Mo	rule	200
23.	FUNERAL DIRECTOR	SIGNATURE	y Salisby	mo. DAY	BET BY BEGINAR	24b. REGIS	TRAR'S SIGN	ATUR	
	non	mon or B	silver						

AND DETERMINED TO STREET AND ADDRESS. e. THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW K ... The second of th

DESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exescuted within 24 hours after death of Page 4 may be retained by the hospital or attending physician.

OFFINERAL DIRECTOR: After this certificate has been signed by the attending physician and concepts filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OI

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11220

							1	400
	OF DEATH				DENCE (Where de			nca before admission)
a. COUN	(1)	Dorehester	MARYLAN	a. STATE	RYLAND	b. COUNTY	DARK	HESTER
b CITY (OR TOWN lif out	ide corporete limits,	c. LENGTH OF STAY IN		WN (If outside corps	orata limits, write R		
write	RURAL end give	neerest town)					OKT L and give	11001001101111
	CAMB		38 yrs		MBRIDG	E		
d. NAM			n hospital, give streef addrass)	d. STREET ADD				IS RESIDENCE ON A FARM?
		EACHBLO			PEACHB			YES NO X
3. NAME DECEA		First	Middle	Lost	4. DATE	Month	Day	Yeer
(Type or		ALVINA	PETER	2 HINTS	DEATH	OCTOB	SER 2	1961
5. SEX	6.	COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeers IF		
T			OWED TO DIVORCED	APRIL 8	8,1874	87 yrs.	Aonths Deys	Hours Min.
10e. USUA	LOCCUPATION	Give kind of work	Db. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE	(County & Stele, or	foreign country)	12. CITIZEN C	F WHAT COUNTRY
	MEMAK	life, even if retired)		APPLI	ETON. WIS	CONSIN	V.	S.A.
13. FATHER		- 1		14. MOTHER'S MA	- 1			
		T PETE	15 <		EDRIK	A PET	TERS	
15 WAS D				7. INFORMANT		Address		
(Yes, no, or	unkown) (Ifyesg	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.		HINTZ		TINCE	20.00
N			NONE	GLADIS	MIN (Z	CAMB	RIDGE	
			per line for (e), (b), end (c).]	Δ		Б		TERVAL BETWEEN NSET AND DEATH
P.	ART I. DEATH WA	AS CAUSED BY: EDIATE CAUSE (a)	alysic	al In	enne	m		400
	1197V	DUE TO	1	020				1
Candill	1121							
	ons, if any, wh se to immediate c	1-1						
	ting the underl							
couse I) (c)						
Z PA	RT II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE T	TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
ATI								YES NO
	CCIDENT WAS U		DESCRIBE HOW INJURY OCC	JRED. (Enter neture of inju	ury in Part I or Part II	of item 18.)		
OR COL	NTRIBUTING [] C	AUSE OF DEATH						
₹ 20c T	IME OF INJURY	Month, Dey, Yeer	20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home	e. ferm. ' 20f. (City	or town)	(County)	(Stete)
	Hour a.m.		While Not While	fectory, street, office bldg				
¥	p.m.	19	if work et work	about		10111	-11	
21.	certify that	(I) (this hospital)	attended the deceased fr	om9.127.16	, 19, to.	10/4	, 19	that (I) (we) las
saw t	he deceased	alive on	19.6., and	that death occured	at. A.M., from	the causes ar	nd on the d	ate stated above
22e. S	NATURE						,	22b. DATE
1	THE	- 200	- 1	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	10	13/1 SIGNED
P	YSICIAN'S	1	Th	22d. ADDRESS	-		-	10/6/
1	AME (Type)) A H N	MACE JR		ALB	RIDER	- M	D
/	L CREMATICAL	23b DATE THEREOF	23c. NAME OF CEMET	PY OR CREMATORY	123d LOC	ATION (City, town		(State)
REMOV	L, CREMATION, AL (Specify)	2001 07112 1112	EAST NEW			I NEW 1		
	RIAL	10-4-6	, , , , , , , , , , , , , , , , , , , ,					
24 FUNERA	L DIRECTOR'S S	IGNATURE	ADDRESS		e. REC'D BY REGIST			
Ke	met	K. Thom	54. CAMBR	IDGE MD. DA	TE OCT 5 '	51 an	ilhur S. Th	LAURA
-			1					

totaling of Colored and and the 12 (2/2) Halp 12 (1/2) WELST - FEB IN SET X-TELL JOHN BOUNDAN KIND ON THE CANDER OF THE

TOF VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Diet	 1	1	3	3	1

		11345		CERTI	FIC/	ATE OF DEAT	IH		Reg. D	ist. No	الله الله و	JOI
	PLACE OF DEATH D. COUNTY	orcheste	r	MARY	LAND	2. USUAL RESIDENCE (a STATE De laware	Where decease	d lived. If instituti b. COUNTY	on: Reside	-	re admiss	ion)
7	b. CITY OR TOWN (IF	autside carporate lim	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside carp	arate limits, write R	URAL ond	give ne	arest lown	1)
	ambridge	Md, Glen				Smyrna	Delaw	are				
	OR INSTITUTION	Nursing .		oddress)		d. STREET ADDRESS		4	-6×	(-3		FARM?
- 1	NAME OF DECEASED (Type or print)	Lonah		Middle Hodgson		Last	4. DATE OF DEATH	10/21/	%1	Do	,	Year
5. 5	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthday)			+	ER 24 HRS.
F	'emale	White	WIDOWE	DIVORCE	0	8/11/1873		yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO during mast af work	N (Give kind of work ing life, even if retired Hous)		R INDU	STRY 11. BIRTHPLACE (See	ate ar fareign o	cauntry)	12. CI	ITIZEN C	OF WHAT	COUNTRY
13.	FATHER'S NAME He	nry M. S	mith			Mary Wi					Te H	
15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s	CES? 16. 1	SOCIAL SECURITY NO		S.Hodgson	Bunke	r Hill		ı,Tr	appe	e Md.
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c	ar	e for (o), (b), and (c).	pr cle	rolu H	and	Stane		INTI	ERVAL BE SET AND	TWEEN DEATH
	gove rise to in cause (a), stating t lying cause last.	mediate (Leciot	el	erasis				/	10 4	in.
CERTIFICATION	·h	0	DITIONS <u>C</u>	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO 🖸
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury i	in Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. f1. p. m.	Manth, Day, Ye	20d. IN While of work	JURY OCCURRED Not while at work	20e. PL for	ACE OF INJURY (Home, fo ctory, street, office bldg.,	orm, 20f. (City	y or town)		(County)		(Stote)
	21. I certify the alive on	at I attended the	decease , 19	and that AINTER WINTER		# 1, 19 6/, to occurred at 1/1	M, frai	m the causes of treet, city or town,	and an i		te state	
B	REMOVAL (Specify)	=-/~-/	F 1	Townsen				TION (City, town, on send De			(Stote	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE	21	ADDRESS / 7	A7/2	7/2//	EC'D BY REGIS		STRAR'S SI	IGNATU	RE	

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MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILAND STATE DEPAKTMENT OF IT	IEALIN
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON ST	TREET, BALTIMORE 1, MARYLAN
44015	CEPTIEICATE OF DEATH	

11347	CERTIFICATI	OF DEATH				11332	
A. PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE Maryl	b. COUN	TV .	esidence before edmission		
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF	outside corpo	rate limits, write			
Cambridge d. Name of Hospital or Institution (if no Cambridge Maryland		d. STREET ADDRESS	bridge e St.			e. IS RESIDENCE ON A FARM YES NO	
. NAME OF First	Middle	Last	4. DATE OF	Month		Dey Yeer	
(Type or print) Elizabe S. SEX 6. COLOR OR RACE 7.	M. MARRIED NEVER MARRIED 8	Jones . DATE OF BIRTH	DEATH	Octol AGE (In yeers lest birthdey)	IF UNDER 1 YE		
Female White	VIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTR	Jan. 25,190		55 yrs.	Months De	ys Hours Min. N OF WHAT COUNTR	
one during most of working life, even if retired) Public School Teacher 3. FATHER'S NAME		Baltimore, Md.				U.S.A.	
Merbert McMahon			ah Sau	nders			
S. WAS DECEASED EVER IN U.S. ARMED FORCES Yes, no, or unkown) (If yas give wer or detes of servi	5? 16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
18. CAUSE OF DEATH [Enter only one cer PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		nneth R.Jones	Camb	ridge Mo	1.	INTERVAL BETWEEN ONSET AND DEATH 2 days+	
Conditions, if eny, which gava rise to immediata cause (a), stating the underlying	Coronary sclero	osis				?	
Cause lest. PART II. OTHER SIGNIFICANT CONDITION Diabetes M. 20a. ACCIDENT WAS UNDERLYING 20 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					EN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)		or town)	(County	(State)	
21. I certify that (I) (this-hospital) saw the deceased alive on103	attended the deceased from	9-30-61 10': 10':	9 to 30.am M, from	10-3- the causes	, 1961 and on the	., that (I) (we) la	
22c. PHYSICIAN'S NAME (Type)		DI PHYS. DI	ED.	STAFF PHYS.		22b. DATE SIGNI 10-4-61	
Eldridge H.		15 Locus		, Cambri		(State)	
REMOVAL (Specify) Oct. 6.196	l pring will	Cemetery		ston, Md.		SALATION	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CANAL	. 1 . 2 1 1	D BY REGIST	RAR 25b. REC		GNATURE	

o POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afterdefeat Page 4 may be retained by the hospital or attending physician.

O PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contained by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/60

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ilimosth H. James Hatcher

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

hours after death.

ST TO LONG WAR Mac11 . COLUMN DESCRIPTION DESCRIPTI at boson the man hydra RS VERTICAL Especial influenced (Series Villagiana) attacked in a financial of a financial and labour two relations of the A professional and the second

FOR STATE HEALTH DEPT. any delay is necessary, funeral director. Page retained for your files TC SERUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death." any delay is necrease assected the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is studied to the Chief Medical Examiner's Office along with form PM3. Page 5 may but retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

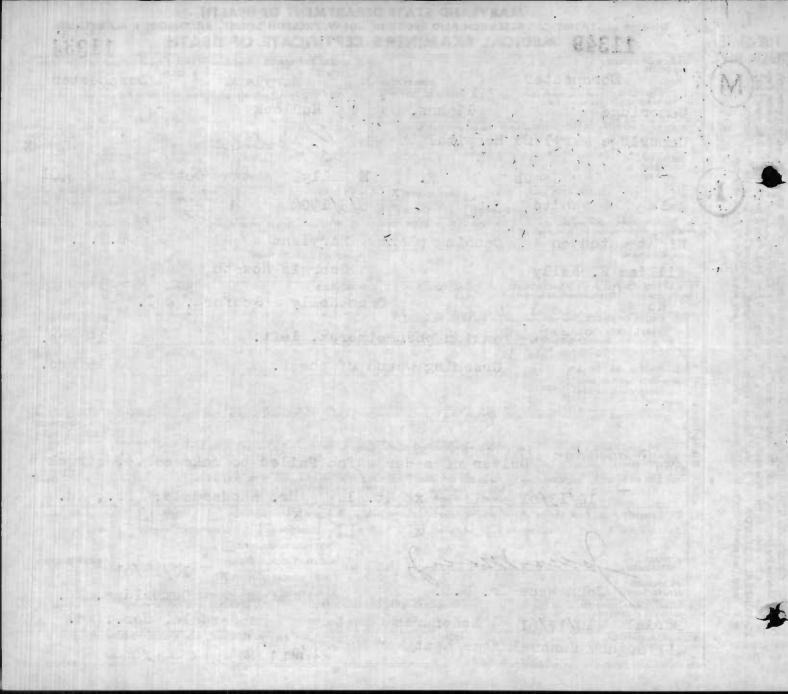
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1334

11349	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

DOTCHE STET DOTCHE STET DOTCHE STET DOTCHE STET DOTCHE STET DOTCHE STET DOTCHE STET DOTCHE STET DOTCHE STET DOTCHE STET DOTCHE STEE DOTCHE STEEN DOTCHE STEE	1	e. COUNTY		a. STATE	b. COUN	ITV	
Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give steet address) Cambridge Maryland Hospital J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give steet address) D. SEX Male Male Middle		Dorchester		Mar	yland	Dore	hester
Cambridge Maryland Hospital 3. NAME OF DECEASED (Type or print) 5. SEX Male James W.		write RURAL and give nearest town)		The A		e RURAL end g	ive neerest town)
3. RAME OF DECEASED (1ype or print) 5. SEX	1			d. STREET ADDRESS			e. IS RESIDENCE
DECEASED (Type or print) James W. Kelly DEATH Octob DEATH Octob DEATH Octob DEATH Dea	4			11/20	dd		YES NO
SEX G. COLOR OR RACE NARRIED NEVER MARRIED S. DATE OF BIRTH					OF	_	Day Year
Male White widowed Divorced 6/5/1906 Set Summary 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refrierd) Night watchman 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign country) Maryland 13. FATHER'S NAME William J. Kelly Canning plant Maryland Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OPEN Kelly Seaford, De 18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSE BY. Tension pneumothorax, left. Conditions, if any, which gave rise to immediate ceuse (e), stelling the underlying DUE TO Conditions, if any, which gave rise to immediate ceuse (e), stelling the underlying DUE TO Conditions, if any, which gave rise to immediate ceuse (e), stelling the underlying DUE TO Conditions of Contribution	1) dulie o			DEATH Octo	ber 1	4 1961
No			D NEVER MARRIED K 8		last birthday)	Months Day	
Night watchman Canning plant Maryland	1	ALDOWE		-1-1			
William J. Kelly Is. WAS DECEASED EVER IN U.S. ARMED FORCES? Is. WAS DECEASED EVER IN U.S. ARMED FORCES? If was deceased ever in us. Address of unknown) In our unknown of un	1	done during most of working life, even if retired)		Y 11. BIRTHPLACE (State	or foreign country)		OF WHAT COUNTRY?
William J. Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [Hyssgivawarordales of service)			nning plant	Maryland		U.	S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyas giva war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Orem Kelly Seaford, De No	1	13. FATHER'S NAME	CPT AS TO YET				
Conditions, If any, which gave rise to immediate cause (a), steling the underlying cause last. Conditions, If any, which gave rise to immediate cause (b) Crushing wound of chest.	I	William J. Kelly		Georgia	Howeth		
NO IB. CRUSE OF DEATH Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Tension pneumothorax, left. DUE TO Conditions, If any, which geve rise to immediate cause (e), stating the underlying cause last. (c) DUE TO Conditions, If any, which geve rise to immediate cause (e), stating the underlying DUE TO Conditions, If any, which geve rise to immediate cause (e), stating the underlying DUE TO Conditions, If any, which geve rise to immediate cause (e) DUE TO Conditions, If any, which geve rise to immediate cause (e) DUE TO Conditions, If any, which geve rise to immediate cause (e) DUE TO Conditions, If any, which geve rise to immediate cause (e) DUE TO Conditions, If any, which geve rise to immediate cause (e) DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE TO Conditions, If any, which geve rise to immediate cause DUE To Conditions, If any, which geve rise to immediate cause DUE To Condition DUE TO DUE To DUE To Condition Condition Condition Condition Condition Condition Condition Condition Due to immediate cause Due to a car which failed to make cut Constitution Due to the termination Condition Conditio							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tension pneumothorax, left. Conditions, If any, which geve rise to immediate cause (a), steting the underlying DUE TO (cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PRIMARY FOR CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of Ilem 18.) PRIMARY FOR CONTRIBUTING DESCRIBE HOW INJURY OCCURRED TO A CAR Which failed to make cut while p.m. 10/13/61 all work at work Rt. 14 PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PLACE OF INJURY (Home, ferm, 201. (City or town) fectory, street, office bldg., atc.) PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PLACE OF INJURY (Home, ferm, 201. (City or town) fectory, street, office bldg., atc.) PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PLACE OF INJURY (Home, ferm, 201. (City or town) fectory, street, office bldg., atc.) PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PLACE OF INJURY (Home, ferm, 201. (City or town) fectory, street, office bldg., atc.) PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PLACE OF INJURY (Home, ferm, 201. (City or town) fectory, street, office bldg., atc.) PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PLACE OF INJURY (Home, ferm, 201. (City or town) fectory, street, office bldg., atc.) PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PRIMARY (For Part II of Ilem 18.) PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PRIMARY STREET TO BE PRIMARY STREET TO BE PRIMARY STREET TO BE PRIMARY (For Part II of Ilem 18.) PRIMARY FOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED TO BE PRIMARY STREET TO BE PRIMARY STR	1	37	Or	em Kelly	Seaford, D	el.	
DUE TO Conditions, If any, which geve risa to immediate cause (a), stating the underlying (b) Crushing wound of chest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Hom 18.) PRIMARY F1 or CONTRIBUTING Driver of a car which failed to make cueses of DEATH. Driver of a car which failed to make cueses of Death But Not Which while while while not which at work Rt. 14 Nr. Rhodesdale, 21. I certify that I look charge of the remains described above, held an Autopsy R. Inspection Inquiry death resulted from Natural causes Accident R. Suicide Homicide Undetermined mater and CHIEF MEDICAL EXAMINER DEPUTY NEDICAL EXAMINER DE		18. CAUSE OF DEATH [Enter only one cause per l	ine for (e), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which geve rise to immediate cause (a), steining the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN CAUSE OF DEATH. Driver of a car which failed to make curvaise of Death at work of the corresponding of the remains described above, held an Autopsy (c) Rhodesdale, Describe the country of the corresponding of the remains described above, held an Autopsy (c) Inspection Deputy Medical Examiner De		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ten	sion pneumot	chorax, lef	t.		15 Hrs.
geve rise to immediate ceuse (a), steining the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN CAUSE OF DEATH. 2De. EXTERNAL CAUSE WAS PRIMARY My or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) Driver of a car which failed to make curvature of injury in Part I or Part II of Item 18.) Driver of a car which failed to make curvature of injury in Part I or Part II of Item 18.) Driver of a car which failed to make curvature of injury in Part I or Part II of Item 18.) Driver of a car which failed to make curvature of injury in Part I or Part II of Item 18.) PRIMARY My or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) Driver of a car which failed to make curvature of injury in Part I or Part II of Item 18.) PRIMARY My or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY My or CONTRIBUTION of CURRED of Injury in Part I or Part II of Item 18.) PRIMARY My or CONTRIBUTION of CURRED of Item 18.) PRIMARY My or CONTRIBUTION of Item 18.) PRIMARY MY or CONTR		DUE TO					- T
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2Db. EXTERNAL CAUSE WAS PRIMARY 15 or CONTRIBUTING Driver of a car which failed to make curve of injury in Pert I or Part II of Hem 18.) Driver of a car which failed to make curve of injury in Pert I or Part II of Hem 18.) Driver of a car which failed to make curve of injury in Pert I or Part II of Hem 18.) 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, lectory, street, office bide, aic.) Rhodesdale, at work at work Rt. 11 Nr. Rhodesdale, at work Rt. 11 Nr. Rhodesdale, at work Rt. 11 Nr. Rhodesdale, at work Accident Natural causes Accident Natural causes Accident Accident Assistant medical examiner Deputy medical examiner Name (Type) John Mace Jr. M.D. Addrass (Street, city, town, or county) Camberland of the country Camberland of the carbon Name (Type) Name (Type)	1	The state of the s					
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm., 20f. (City or town) While all work at work Rt. 11 Nr. Rhodesdale, at work Rt. 11 Nr. Rhodesda	8	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm., 20f. (City or town) While all work at work Rt. 11 Nr. Rhodesdale, at work Rt. 11 Nr. Rhodesda	1	5					YES NO
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm., 20f. (City or town) While all work at work Rt. 11 Nr. Rhodesdale, at work Rt. 11 Nr. Rhodesda	1	2Da. EXTERNAL CAUSE WAS 2Db. DESCRI					1
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21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection Inquiry death resulted from Natural causes Accident K. Suicide Homicide Undetermined ma CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10/2. **EXAMINER'S NAME (Type)** John Mace Jr. M.D. Address (Street, city, town, or county) Camber 22e. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial 10/17/61 McKendree Cemetery Rhodesdale,	4	20c. TIME OF INJURY Month, Day, Year 2Dd.		ory, street, office bldg., atc.) !	(County	(State)
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CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	ł	21. I certify that I took charge of the rem	ains described above, he	ld an Autopsy X,	Inspection . Inquir	у 🔲, а	nd in my opinion
ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Mace Jr. M.D. Addrass (Street, city, town, or county) Camber of Camb	1	death resulted from Natural causes	Accident X. Suici	ide, Homicide	, Undetermined m	nanner	
SIGNATURE EXAMINER'S NAME (Type) John Mace Jr. M.D. Addrass (Street, city, town, or county) Cam 22a. BURIAL (REMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 10/17/61 McKendree Cemetery Rhodesdale,	ı	()	0	CHIEF MEDICAL	EXAMINER		
EXAMINER'S NAME (Type) John Mace Jr. M.D. Addrass (Street, city, town, or county) Camber of Ca			sech	M.D. ASSISTANT MEDI	ICAL EXAMINER	176/67	DATE SIGNED
NAME (Type) John Mace Jr. M.D. Addrass (Streat, city, town, or county) Camber 122e. Burial, CREMATION, REMOVAL (Specify) Burial 10/17/61 McKendree Cemetery Rhodesdale,	1	EXAMINER'S	01.	DEPUTY MEDICAL	EXAMINER TO	10/01	
REMOVAL (Specify) Burial 10/17/61 McKendree Cemetery Rhodesdale,				Addrass (Streat, c	city, town, or county) Can	bridge	
1 Dui tat (10/1/01	1	REMOVAL (Specify)					(Steta)
4.23. FUNERAL DIRECTOR ADDRESS L.248. RECAD BY REGISTRAR I.246. REGIS		Burial 10/17/61					
	1	Willoughby Funeral Ho	me East New				
DOET 19'61 arthur		#1110 @B110 #		D.OET	19'61 arch	us S. Krau	A



MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND MEDICAL EXAMINER'S OF DEATH FOR STATE 1/9/61 1WK Item 9 Film G300 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before admission) delay is necessary, runeral director. Page retained for your files. The State Board of Health, rideath, a. COUNTY e. STATE b. COUNTY Dorchester MARYLAND Maryland b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Cambridge vears Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Cross Cross St. NAME OF 4. DATE Middle nd 3) may be re-2 with the 5 DECEASED OF DEATH (Type or print) McCloud Roosevelt uctober death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH last birthday) Months WIDOWED [DIVORCED Male Negro Unknown M3. Pages 1, 2, a M3. Page 5 rages 1 and 2 within 72 he 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retirad) PM3. Pa pages 1 Laborer Florida or Georiga 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unkwown it. File pevent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detes of service) ing" in pencil in Item 18
er's Office along with fast a burial-transit permit
removal, and in any e City Police Dept. Cambridge 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute alcoholism s certificate should be e. ord "pending" in pencil DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the underlying as nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY should be forwarded to the Chief Medical Estudies be should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part It of item 18.) PRIMARY OF CONTRIBUTING CAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry Undetermined manner X Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 11/2/61 DEPUTY MEDICAL EXAMINER K EXAMINER'S Address (Street, city, town, or county) Cambridge, Md. Jr. M.D. NAME (Type) John Mace 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, REMOVAL (Specify) b 40 Cambridge Maryla
24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Waugh Burial

Herbert M. St. Clair Cambridge. Md.

. IS RESIDENCE ON A FARM?

YES NO T

1961

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

Maryland

Orthur S. Kraus

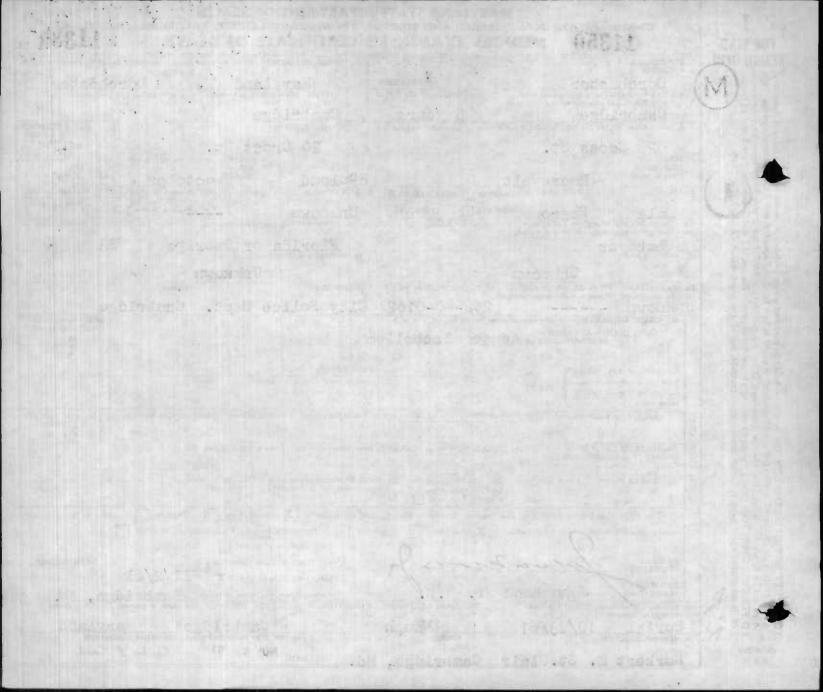
DATE

USA

(County)

VS. A15ME

23. FUNERAL DIRECTOR

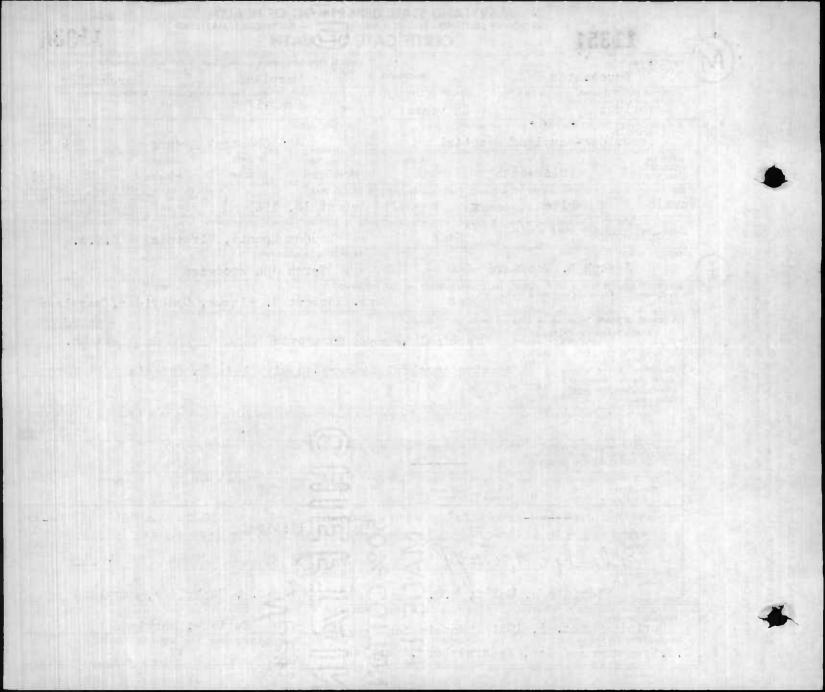


24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

	o. COUNTY Dor	chester		M	ARYLAND	2. USUAL RESIDENCE o. STATE	E (Where		l lived. If institut b. COUNTY		rche:		ion)
1	b. CITY OR TOWN (If RURAL and give ne Cambridge	autside carporate limit arest tawn)	ts, write	c. LENGTH OF ST		c. CITY OR TOWN	-	ide carpor	rate limits, write f				1)
	OR INSTITUTION	AL (If nat in haspital, g dge-Marylar		address)	37.87	d STREET ADDRE		nopta	nk Avenu	ie		e. IS RES	FARM
-	NAME OF DECEASED (Type ar print)	Elizab		Mic Anr	idle	Lost Medford	4.	DATE OF DEATH	Octo		Da		Year 196
	sex emale	6. COLOR OR RACE White	7. MARI		RRIED	B. DATE OF BIRTH August 18,	, 188		9. AGE (In years last birthday) 78 yrs.	Manths Manths	R 1 YEAR Days	IF UND Haurs	R 24 I
10a	. USUAL OCCUPATIO during mast of work HOUSEWOL	N (Give kind af wark of ing life, even if retired)	dane 10b.	KIND OF BUSINES Home	S OR INDU	Loudor			untry) Virgini		U.S.		OUNT
13.	FATHER'S NAME JOSE	eph B. Wood	lward			14. MOTHER'S MAII			dward				
15. (Yes		R IN U. S. ARMED FOR If yes, give wor or dates of st		None		rs. Herbert	s.	Slac		ridge	e, Ma	aryl.	and
			use per li	ine far (a), (b), and	(c).1								IVVEL
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which (b) Inmediate	Mas		Brond	cho pnuemon		lef	t hemipl	egia	30 30	hr.	
IFICATION	PART I. DEA 3 3 1 Canditians, if ar gave rise to in cause (a), stating I lying cause last. PART II. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO 17, which mmediate the under: CER SIGNIFICANT CON	Mas	Terminal sive cere	Brond bral h		With	L DISEASE	CONDITION GI		30 16	hr.	DEA /S
MEDICAL CERTIFICATION	PART I. DEA' Canditians, if ar gave rise ta ir cause (a), stating lying cause last. PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which mediate the under- (c) ER SIGNIFICANT CON	Mas DITIONS 20b. DES While	Terminal sive cere CONTRIBUTING TO SCRIBE HOW INJUR	Brone bral h DEATH BUT Y OCCURRED 20e. PL	nemorrhage	With TERMINA Dry in Part	L DISEASE	CONDITION GI	VEN IN PA	30 16	hr. da:	DEA TO AUTO PRIMED
	PART I. DEA' Canditions, if ar gave rise to ir cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR'Hour a. m. p. m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which mediate the under- CER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) T Manth, Day, Yec 19 (c)	Mas DITIONS 20b. DES r 20d. I While at war	Terminal sive cere CONTRIBUTING TO SCRIBE HOW INJUR INJURY OCCURRED Not while of work	Brond bral h DEATH BUT Y OCCURRED 20e. PL face ed fram	nemorrhage NOT RELATED TO THE D. (Enter nature of injunction, street, office bldg) 9-16-61 death accurred of attenting and accurred of attenting and attention attention and attention and attention and attention and attention attention and attention attention and attention attention and attention attention attention attention attention attention and attention atten	TERMINA TERMINA ory in Part or, farm, g., etc.)	20f. (City	condition GI II af item 18.) ar town) 10-2 the causes an	VEN IN PA	(Caunty)	9. WAS PERFC YES at (I) (stated	AUTO
MEDICAL	PART I. DEA' Canditions, if ar gave rise to ir cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR'Hour a.m. p.m. 21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which mediate the under- CER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) T Manth, Day, Yec 19 (c)	Mas DITIONS 20b. DES r 20d. I While at war) attended 10-2.	Terminal sive cere CONTRIBUTING TO SCRIBE HOW INJURY INJURY OCCURRED Industry occurred at wark ded the deceas -61 19 , c	Brone bral h DEATH BUT Y OCCURRED 20e. PL for	NOT RELATED TO THE D. (Enter nature of injunctory, street, office bldg 9-16-61 death accurred of the phys. 22d. ADDRESS 15 Locus	TERMINA ory in Part e, farm, g., elc.) MED. DIREC	20f. (City Tram Torr	ar town) 10 -2 the causes at	ven in PA	(County) (County) 10- aryls	9. WAS PERFC YES at (1) (stated	AUTOORMEE NO

0 10 VR A15 (4) 15M 9/59



				1			
H	F	O	R	ST	A'DE	E	بر
led within 24 hours ofter death. If any delay is necessory, please	tificote, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page	stang with farm PM3. Page 5 may b sined for your files.	RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health,	and in any event within 72 hays after death.		Y (*)	
ICAL EXAMINER: This certificate shauld be execut	tificote, writing the word "pending" in pencil in I	rwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may b	RECTOR: Page 3 should be used as a buriol-transi	ed agent, prior to burial, cremation, ar removal, and in any event within 72 hays after death.		11	1

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

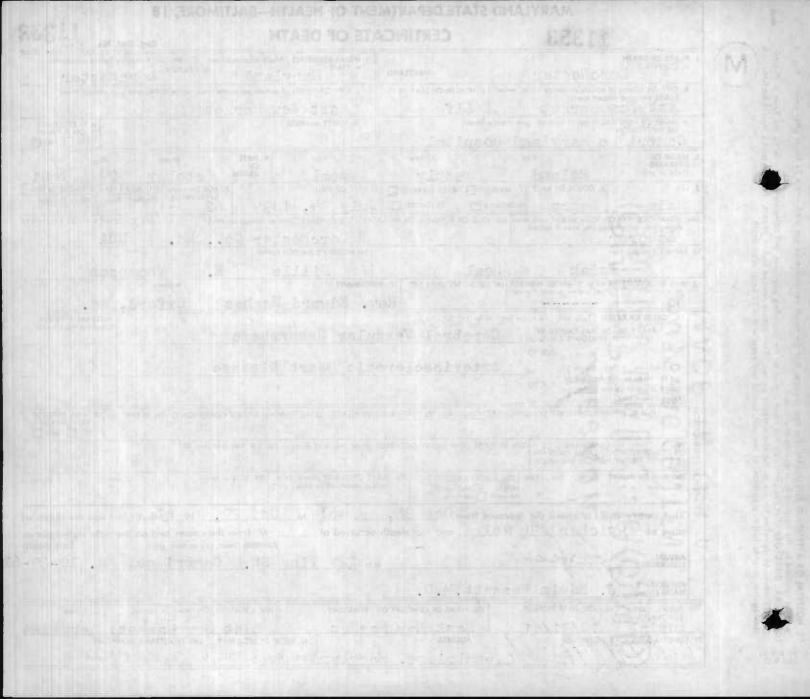
**TORN MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		4	1	0	2	Suffrag
Reg.	Dist.	Nb.	1	3	0	1

1.	PLACE OF DEATH					2. USUAL RESIDENCE (W	/here decea			ce before admission)
)	Dorchest			MARYLA	ND	Maryl	land	b. COUNT	Son	merset '
	b. CITY OR TOWN (If and give negres) fown)	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside cor	porote limits, write	RURAL and	give nearest town)
r	ural Cambr	idge		1 yr & 10 m	os	Crisfield				
			f not in he	ospital, give street address)		d. STREET ADDRESS		10	5.00	e. IS RESIDENCE
Ea	stern Shor	e SateHosp	ital					14		YES NO M
3.	NAME OF DECEASED	Fir	s†	Middle		Lost	4. DATE OF	Mont	h	Day Year
	4 A	rnest				Mister	DEATH	October	17,	19.61
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED [] B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	
	male	white	WIDOW	ED DIVORCED	13	3/15/75		lost birthday) 86 yrs.	Months D	oys Hours Min.
100	during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (State	or foreign	country)	12. CITIZ	EN OF WHAT COUNTRY
	waterman	, the, even is remedy	5	Seafood		Maryland			U.S	S.A.
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
	bah/maste	f John Mi	ster			Mary Pru	itt			
		R IN U. S. ARMED FO	RCES? 16	S. SOCIAL SECURITY NO.	7, IN	FORMANT		Address		
1"	No	None None	service)	218-40-5081	Hos	pita 1 Recor	ds E.	S.S.H. C	ambrid	ge. Md
F	18. CAUSE OF DEAT	H [Enter only one cou	se per line	e for (a), (b), and (c).			-			INTERVAL BETWEEN
	PART I. DEAT	WAS CAUSED BY	Cor	ronary Occlus	ion	1				instant:
	11120	DUE TO	-							
	Conditions, if on	y, which) /b								
	gave rise to immed	iale cause								
	(a), stating the u	nderlying DUE TO								
7		ED SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT N	OT PELATED TO THE TERMI	NIAL DISEAS	SE CONDITION OF	VENI INI DADT	1/-1/10 WAS AUTORSY
CERTIFICATION		ure of fem	~		0114	OF RELATED TO THE TERM	INAL DISEA.	St. COMBINION OF	TEN IN FAKI	PERFORMED?
5	20g. EXTERNAL CAU			BE HOW INJURY OCCURRE	D (Fe	the nature of injury in Part	Lor Port I	t of item 18.1		YES NO K
ERT	PRIMARY OF CON	TRIBUTING [ed and fell			i i di ron i	r or nem 10.3		
	20c. TIME OF INJUR	Y Month, Doy, Ye		. INJURY OCCURRED 20e.			200 100	u as tawal	(Coun	ly) (Stote)
MEDICAL	TOHOUT o. m.			ile Not while	facto	ry, street, office bldg., etc.)) ;			un unu unu
×	10:45 %					Iospital		ridge D	orches.	ter Md.
	21. I certify th	ot I took charge	of the	remoins described	obov	re, held an Autopsy	y 🔲, 1	nspection [2]	, Inquiry	, and in my
1	opinion death	resulted from:	Vatural	causes . Accide	nt [], Suicide [], H	Homicide	Undete	ermined m	anner 🔲
				0						DATE SIGNED
	SIGNATURE	one	w	- CA		M.D. CHIEF MEDICAL EX	AMINER [
						ASSISTANT MEDICA	AL EXAMIN	ER OC	tober	17,1961
	NAME (Type) JC	hn Mace, J	r.			DEPUTY MEDICAL E	EXAMINER			
22	BURIAL, CREMATIO	N. 226. DATE THEREC)F	22c. NAME OF CEMETERY	OR	CREMATORY	22d. LOC/	ATION (City, town,	or county)	(Stote)
1	BURIAL	10Ct. 19,1	461	St. auls	C	emetery	NE	rion		Md
23	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		, / 246. REC'E	D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	NATURE
12	Bradshau	Sons h	I, N.B	radslaw Crus	le	eld DATE CH	CT 23	61 0	.T1 8	Hause .
日	1				1					

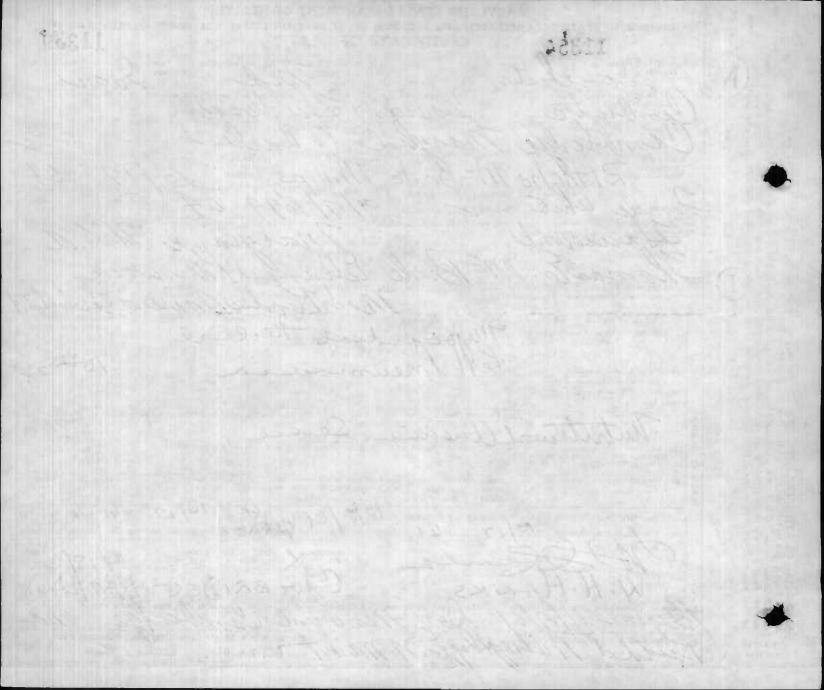
PHASO ROUTEN BURNEY CHARLES OF DEATH z ... 8.4 Property of the Contract of D125,63 4600-52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11354 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY the d MARYLAND c. LENGTH OF STAY IN 16 c. CILY OR JOWN (If outside corporate/limits, write RURAL end give nearest town) by # deat CITY OR TOWN (if outside corporate limits. write RURAL and give negrest town) after .2. Pages filled NAME OF HOSPITAL OR INSTITUTION (if not in book to d. STREET ADDRESS a. IS RESIDENCE ON A FARM? hours YES NO el 3. NAME OF DATE Dev Year Month DECEASED OF DEATH (Type or print) 190 00 8. DATE OF BIRTH 5-SEX 6. COLOR. 9. AGE (In years MF UNDER 1 YEAR IF UNDER 24 HRS. OR RACE 7. MARRIED NEVER MARRIED lest birthdey) and Months Deys Hours DIVORCED [10e. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? physician 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHHACE (County & State remove done during roost of working life, even if retired WELVE 13. FAMER'S NAME 14 MOTHER'S MAIDEN NAM please the death 2 aftending 16. SOCIAL SECURITY NO 1-17 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN (Yes, no, or unkown) | (If yes give wer or detes of service) oval physician. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **burial-transit** DUE TO aftending Conditions, if any, which (b) has been gava rise to immediate causa DUE TO (e), steting the underlying ceuse last. the 0 PARTITOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 98 YES NO F use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) Pol this (IF EITHER, NOTIFY MEDICAL EXAMINER) etached After ! (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. jo et work al work p.m. may be rerain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from ...(...., 19..QL, that (1) (we) last saw the deceased alive on 22b. DATE 224. SIGNATUR SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22 DDRESS 22c. PHYSICIAN'S 23c NAME OF CEMETERY, OR CREMATORY DATE THERPOF LOCATION (City, BURIAL, CREMATION, 23b. REMOVAL 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS BY REGISTRAR VR A15 (4) arthur S. Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

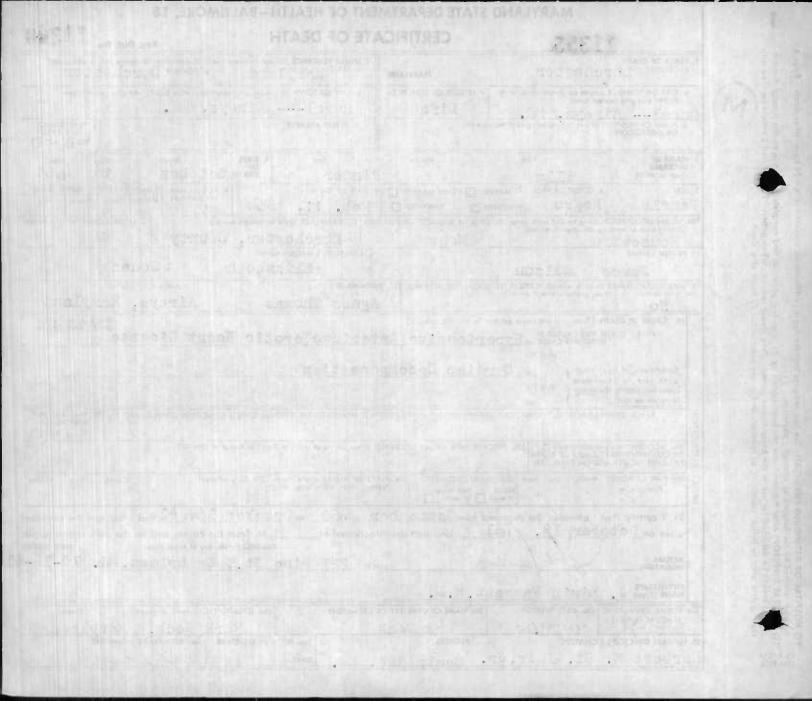


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1955	CERTIFICATE	OF	DEATH
1355	CERTIFICATE	U !	PEAII

Reg. Dist. No. 1134()

o. COUNTY DO	rchester	a	MARY		O. STATE Mar	(Where decease yland	b. COUNTY	n, Residence Dorch	este	nission) P
RURAL ond give ne	ireve Md		c. LENGTH OF STAY	IN 1b			eys. Md.	JRAL and give	nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in Hospital, g	ive street or	ddress)		d. STREET ADDRES	SS			ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	Fin Ella	st	Middle	P:	inder	4. DATE OF DEATH	October		Doy 16	Yeor 1961
.sex Female	6. COLOR OR RACE	7. MARRIE			Peb. 11,	1864	9. AGE (In years lost birthday) Q7 yrs.	Months Do	EAR IF UN	
HOUSEWI. FATHER'S NAME	DN (Give kind of work cing life, even if retired)	done 10b. K	None			ester,	County		SA	AT COUNT
Jame	s Wilso	n				izabet.	h	Jones		
	R IN U. S. ARMED FOR		OCIAL SECURITY NO	. 17. INFO	PRMANT		Addre	÷55		
No				A	gnes Tho	mas	Aire	ys, N	laryl	nnd
Conditions, if or gove rise to in couse (o), stoting lying couse lost. PART II. OTH	mmediate (DUE TO)	diac Dec			ERMINAL DISEAS	SE CONDITION GIVE	N IN PART 1	PERI	ORMED?
(IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY O	CCURRED. (Enter noture of injury	y in Port I or Po	rt II of item 18.)		YES [0N [_
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yeo	While	URY OCCURRED Not while	20e. PLACE factor	OF INJURY (Home, y, street, office bldg.,	form, 20f. (Cit.	y or town)	(Cou	nty)	(Stote
actual SIGNATURE	fles	(161 180	and that	death o	ccurred at	M, frai	r 1619 61 m the causes are irreet, city or town, st , Cambri	nd an the	date sta	
	A 100 1 100 1 1 1 1 2 2 2	19996	O TIOD .							
NAME (Type) J.		F	22c. NAME OF CEMI	TERY OR C	REMATORY	22d. LOCA	TION (City, town, or	county)	(St	ote)
	N, 226. DATE THEREO		Fork N				ork Neck		ryla	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1	1358		CERTI	FICA	TE OF D	EATH			Reg. Di	st. No.	11;	341
	1. PLACE OF DEATH o. COUNTY Do:	chester C	o •	MAR	(LAND	2. USUAL RESIDE o. STATE	ence (who		l lived. If institu b. COUNT	Υ	cheste		n)
	b. CITY OR TOWN (II RURAL and give ne Cambridge	autside corporate lim arest tawn)		c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If or	utside corpor	rote limits, write Marvla	RURAL and			
>	d. NAME OF HOSPITA OR INSTITUTION Cambridge			_		d. STREET AD	DRESS	File.	Marvla			S RESID	ARM?
	3. NAME OF DECEASED (Type or print)	Fii J	31	Middle Ernes		lost Redmi]		4. DATE OF DEATH		onth	Doy 27	Ye	
	5. SEX			IED TO NEVER MARRI		DATE OF BIRTH			9. AGE (In year		1 YEAR IF	-	
	Male	White	WIDOWE	DIVORCE	O A	ug. 12,	1908		lost birthdoy)		Doys F	lours	Min.
	100. USUAL OCCUPATION during most of work Salesman 13. FATHER'S NAME	N (Give kind of work ing life, even if retired	done 10b.	Cosmetics			ce (Stole o	, Pa.	ountry)	1	S.A.	WHAT C	OUNTRY?
Ш	Not Ki	nown				No	t Kn	own					
	15. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war ar dates of	ervice]	social security no Not Known		ormant s. Redmi	le	F	Cast New	Marke	et. Mo	i.	
	Conditions, if or gove rise to in cause (o), stoting I lying couse lost.	mediote ()	rovar	y c	oriery		row	1002L		5	&a	ys -
	PART IN OTH OR CONTRIBUTING OF CONTRIBUTING OF EITHER, NOTIFY	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO 1	THE TERMIN	NAL DISEASE	CONDITION G	IVEN IN PAR		WAS AL PERFORA ES	NED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	TRIBE HOW INJURY C	CCURRED.	(Enter nature of	injury in P	art I or Port	II of item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED Not while	20e. PLAC focto	E OF INJURY (He ory, street, office I	ome, farm, bldg., etc.)	20f. (City	ar town)	(1	County)		(Stote)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S	at Lattended the	decease , 19_(/ .	/	1961., accurred at							
	220. BURIAL CREMATION			22c. NAME OF CEM	ETERY OR	CREMATORY	1/2/	22d. LOCAT	TON (City, town	or county)	74	(Stote)	
	Burial (Specify)	Nov. 2,	1961	Northwoo	d Cem	etery		Phila	adelphia		Per	nn.	
	23. FUNERAL DIRECTOR			ADDRESS			240. REC'D	BY REGIST	RAR 24b. REC	SISTRAR'S SI	GNATURE		
	LeCompte Fu	neral Serv	ice	Cambridge,	Md.		DATEGIA	17 10	1 0	-1 0	4.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 d in by the funeral director, I and 2 shauld be filed with making retained by the haspital ar attending physician.

ERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pother registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 22213 as in the LEGICAL TURNED TO A DOLLAR TO THE TANK OF THE PARTY OF TH

VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1125

CERTIFICATE OF DEATH

11249

1. PLACE OF DEATH a. COUNTY			CE (Where deceased lived, If Institution: I	Rasidence before admission)
DORCESTER	MARYLAND	a. STATE MARY	LAND 6. COUNTY CE	0.1
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL en	d give nearest town)
write RURAL and give nearest town)		0		
KURAL CAMBRIDEF	IYR	K 151N	& SUN	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS	20)	IS RESIDENCE ON A FARM?
EASTERN SHORE STAT	E HOSP.	NONE	0/4	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Year
(Type or print) VIOLET	LUCY K	CIALE	DEATH OCT.	3/ 1961
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER 1	
F W WIDOW	ED DIVORCED .	10/22/06	55 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. 1	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun		ZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		1		11
MOUSEWIFE		I CECIL C	NAME, MD.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
UNKNOWN		UNKNO	11/2/	
	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Yes, no, or unkown) (If yes give wer or detes of service)			2	10
		HOMAS KII	ALE, RISING SUI	V, MD.
18. CAUSE OF DEATH Enter only one cause per	line for (a), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	VO CARDIAL	FAILURE		2 DAYS
11.00	UNANDIAL	HILUKE		Znt Z
T 20 DUE TO		./	2	
Conditions, if any, which \ (b) HR	TERIOSCLERG	TIC HEA	RT DISEASE	11/1 +
(a), stating the underlying DUE TO				Section 1
cause last. (c)				
	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAI DISEASE CONDITION GIVEN IN PART	TIAL 19 WAS AUTOPSY
요				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO ABSCESS RT. 20a. ACCIDENT WAS UNDERLYING 20b. DE: OR CONTRIBUTING CAUSE OF DEATH Uff EITHER, NOTIFY MEDICAL EXAMINER)	VITOGK			YES NO X
DR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Pert II of item 1B.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		10000		
20c. TIME OF INJURY Month, Day, Yeer 2Dd.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	, ' 2Df. (City or town) (Cou	nty) (Stete)
20c. TIME OF INJURY Month, Day, Yeer 2Dd. While Hour a.m. 19 at wo		ory, street, office bldg., etc.		1117) (31616)
p.m. 19 at wo				
21. I certify that (I) (this hospital) atter	ided the deceased from	OCT. 27.	1960 to OCT 31 . 19	6 f. that (I) (we) last
			10	
saw the deceased alive on	3.019.62, and mar	death occured at/		
22e. SIGNATURE		ATTENDING A	AED. STAFF	22b, DATE SIGNED
Gener H hom	les M.			0/31/61
22c. PHYSICIAN'S		22d. ADDRESS		1
NAME (Type) GEDOGE 4	LONDIEX	FRSTERN	SHORE STATE	40-1,-11
20/45 ///	LOS MANES			HOSPITAL
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	A 1	23d. LOCATION (City, town or count	y) (Stete)
Burial # 3-61	BrookView	w Cemelar	A KISLNG SUI	1 (e.c.1 7n
24 JUNERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
Pal 50 M 100 8	Distances.	C 1 N	10V 1 '61 Orthun	2 4 -
lack III - The	13/19 Jun,	In do DATE	CIPCLUM 2	. Thanks
/ Che Collo	/			
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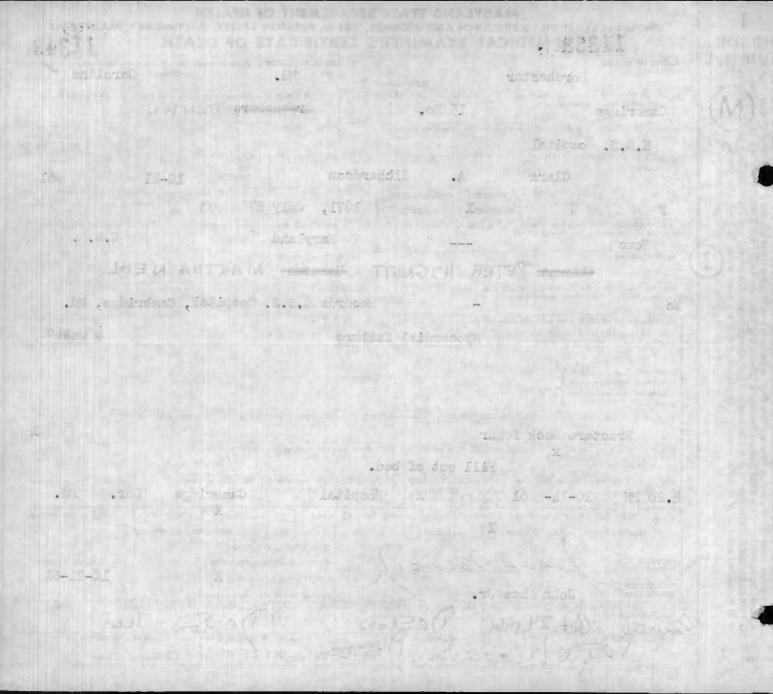
THE CASE STREET, STREE There is the state of the state

FOR STATE HEALTH DEPT. les. ny delay is necessary, funeral director. Page TO PRUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death or y delay is presented the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral did a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11358 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1343

					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1. PLACE OF DEATH •. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE. STATE Md.		ad, If Institution: Recounty Card	
b. CITY OR TOWN (if outside corporala limits, write RURAL and give naerest town) Cambridge	c. LENGTH OF STAY IN 16		foutside corporete limits		give naerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit E.S.S. Hospital	tel, give street addrass)	d. STREET ADDRESS		05	ON A FAR
3. NAME OF First DECEASED (Type or print) Clara	A. Ribhai	dson Last	OF	Month	1961
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED 8	1871, July	27 dast birth	yaars IF UNDER 1 Y day Months Dayrs.	EAR IF UNDER 24 HR ays Hours Min
1De. USUAL OCCUPATION (Give kind of work done during most of working life, avan if retired) None	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State Maryland	or foreign country)		S.A.
3. FATHER'S NAME UNION PETER	HIGNUTT	14. MOTHER'S MAIDEN Unknown	MARTHA	NEAL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) ((Ifyasgivawerordelasofservica)	OCIAL SECURITY NO. 17. I	ecords E.S.S.	7.7	ddress Cambridge	e, Md.
18. CAUSE OF DEATH Enter only one cause per lime PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which	o for (e), (b), and (c).] yocardial fail	Lure			INTERVAL BETWEEN DASET AND BEATH WEEK
gave rise to immediate cause (e), steting the underlying cause lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	I RELATED TO THE TERMIN	IAL DISEASE CONDITIO	N GIVEN IN PART 1	PERFORMED
	How INJURY OCCURED. (E	nter neture of Injury In Pari	I or Part II of itam 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN 14-20 10 PM.m. 10-14- 19 61 Whila at work	Not While at work	CE OF INJURY (Home, ferm ory, street, office bldg., etc. Spital	Cambridge	e Dor.	y) (Steta) Md.
21. I certify that I took charge of the remaindent resulted from: Natural causes	Accident , Suici	de , Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI	Undetermin	ed manner	and in my opinion DATE SIGNED 10-21-61
O REMOVAL (Specify)	2c. MAME OF CEMETERY OR		ity, town, or county) 22d. LOCATION (City,		(Steta)
23. NUMERAL DIRECTOR TOTAL T	ADDRESS DE		D BY REGISTRAR 246.	REGISTRAR'S SIG	
		- I WAIR			



haurs after death. Page 4 I in by the funeral director, and 2 should be filed with preference by the haspital or ottending physician.

D. F. ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH

STOAR

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

L	4 11359	CERTIFICA	TE OF DEATH		11344
	PLACE OF DEATH	TOTAL TELL	2. USUAL RESIDENCE (Where deceas	ed lived. If institution: Residen	ce before admission)
ı	o. COUNTY Dorchester	MARYLAND	Mary Land	QUEENE A	mre
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porofe limits, write RURAL and g	give nearest tawn)
:	RURAL ond give nearest tawn) rural* Cambridge	l yr. 8 mo.	Church	Hill	
	d. NAME OF HOSPITAL (If nat in hospital, give street OR INSTITUTION	address) ZO Gays	d. STREET ADDRESS	17%	e. IS RESIDENCE
	Eastern Shore State Hospit	tal.		, //\-	YES NO
1	R. NAME OF DECEASED (Type or print) WILLIAM 1	Edward 7	Pabinson DEATH		Day Year
•	/Y/	RIED NEVER MARRIED	B. DATE OF BIRTH	last birthday) Months	1 YEAR IF UNDER 24 HRS Days Haurs Min.
١,	white WIDOW		ICTRY 11 PIRTURACE (Charles on Francisco	2 8 Atr	ZEN OF WHAT COUNTRY
ľ	Oa. USUAL OCCUPATION (Give kind af work done during most af warking life, even if retired)	KIND OF BUSINESS OR INDU	Marylan	d	USA
1	3. FATHER'S NAME SOLN Robinso	1	Meg Brom	ley	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	1 1 1
			Hospital records	Cambr	1490 Md
	1B. CAUSE OF DEATH [Enter only one couse per	ine for (a), (b), and (c).]	1 4 1		INTERVAL BETWEEN
ŀ	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	L6 1415	QUETO	-15M	
	DUE TO	tot.	210		Dak
	Canditians, if any, which gave rise to immediate (b)	101111	1011		2111
	cause (a), slating the <u>under-</u> lying couse last. DUE TO (c)		7		
		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED?
		SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or Po	ort II of item 1B.)	
	20c. TIME OF INJURY Month, Doy, Year 20d.		LACE OF INJURY (Home, form, 20f. (Ci	ity or town) (C	Caunty) (State
	20c. TIME OF INJURY Month, Doy, Year 20d. Hour a.m. While of wo	INDI WILLE	octory, street, affice bldg., etc.)		
	21. I certify that (1) (this haspital) atten	ded the deceased fram.	Tex 4 1960 to	OcT/ 196	L, that (1) (we) las
	saw the deceased alive an Dat		· 734	n the causes and an the	
	22a. SIGNATURE	A			22b. DATE
	Thomas J. J.	Iredge	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	0-1-61
	22c. PHYSICIAN'S NAME (Typel)	w n O	22d. ADDRESS	Cambrel dan Mi	
L	NAME (Type) Thomas J. Dredge	, M.D.	E.S.S.Hospital,	, cambridge, Mc	l •
1	23a, BURIAL, CREMATION, 23b. DATE THEREOF 4	23c. NAME OF CEMETERY C	OR CREMATORY 23d OC.	ATION (City, town, or county)	Snd.
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	2So. REC'D BY REGI		GNATURE

2So. REC'D BY REGISTRAR

arlhur S. Thomas

DATE OCT 5

10 F VR A15 (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

TO PATIANT AND INCHMISTANCE STATE OF CHAMPION OF THE PARTY OF THE PART g .6 88811 - Homes (1/1)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3011		CERTIFI		نبائيا الشناك				Reg. D	ist. No.	g/3, 4d	-0 -0
PLACE OF DEATH	hester Co.		MARYLA	11 6	STATE							
b. CITY OR TOWN (If RURAL and give neo	autside corporate limi			1b	c. CITY OR TOW	/N (If outside		mits, write RI				
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street or	· · · ·	1 //_	d. STREET ADDR	ESS					ON A	FARM?
			Middle C •		Lost	4. D/	ATE	Mon Oct.	th	Do	•	Yeor 19 61
Male	6. COLOR OR RACE White					1874	9. AC los 87	E (In years t birthdoy) yrs.	Months Months	R 1 YEAR Doys	IF UNDE Hours	R 24 HRS. Min.
during most of worki	N (Give kind of work ng life, even if retired		August Sandard	NDUSTRY			ign country)			U.S.	A .	COUNTRY
3. FATHER'S NAME William Ru 5. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. So	OCIAL SECURITY NO.		Elizab		ekins	Addr	ess			
PART I. DEAT 33/ Conditions, if an gove rise to im couse (o), stoting II	H WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO y, which mediate the under: DUE TO	Ce		Mrs COSO	Hor	1021	2 113	46T	?	INT	RVAL BE	TWEEN
20g. ACCIDENT WAS	R SIGNIFICANT CON	DITIONS CO							EN IN PA	RT 1(o) 1	9. WAS / PERFO YES [AUTOPSY PRMED2 NO
	MEDICAL EXAMINER)	While	Not while	e. PLACE (factory,	OF INJURY (Hom street, affice bld	e, form, 20f.	(City or to	wn)		(County)		(State)
alive on	1 D T T T T T T T T T T T T T T T T T T	196 Ca (A)	J. S. NAME OF CEMETER	M.D.	CA	SOAM, ADDRE	S\$ (Street, o	causes of causes	nd on state)	the da	te state	ate signed
3. FUNERAL DIRECTOR'S			ADDRESS		240	. REC'D BY R	EGISTRAR	24b. REGIS			RE	
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pd in by the funeral director, I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO ERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pthe registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Camparidge Md. Hospital 3. NAME OF DECEASED (Type or print) Wilber N. Slacum 6. COLOR OR RACE VIDOWED DIVORCED DIVORCED DIVORCED TONE 2.7 /8 93 10. LISREST ADDRESS OR INSTITUTION OF ARM? OR A SARM? OF DECEASED (Type or print) Wilber N. Slacum 9. AGE (In years lost birthday) Months Days Hours Min. The Local Divorced Tone 2.7 /8 93 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Carpenter 13. FATHER'S NAME HOWARD Slacum 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Local Death Was Caused BY: IMMEDIATE CAUSE (o) Local Death Sulvasion 10. STREET ADDRESS 21 West End Ave. 11. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY Months Days Hours Min. 13. Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Wilbur Slacum 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Wilbur Slacum 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Local Death Sulvasion INTERVAL BETWEEN ONSET AND DEATH Conditions, if only, which Sulvasion 10. STRET ADDRES ON A STRETT ADDRES No. AGE (In years life Under 1 years life Under 2.7 / 18 93 Address World III BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. HATTER'S MADE OF DEATH 14. MOTHER'S MADE OF DEATH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Wilbur Slacum 16. COLOR OR RACE 17. MARRIED 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
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3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year Oft Oct 20 19 61
(Type or print) Wilber N. Slacum Slacum Death Oct. 20, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. AGE (In years lost birthday) Months Days Hours Min.
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20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work of work of work 19 at work 1
p. m. 19 at work of work
21. I certify that I ottended the deceased from Oct 20, 196/, to Oct 20, 196/, that I last saw the decease
olive on OCF 20 196/, and that death occurred at F 3M, from the causes and on the date stated above
ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE I GETT SUNCE M.D. 200 May land for Caculation on
10/37/
PHYSICIAN'S ALBERT E. BUNKER, M. D. CAMBRIDGE, MARYLAND
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State)
Burial Oct. 23, 1961 Dorchester Mem. Park Cambridge, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
LeCompte Funeral Service Cambridge, Maryland DATE NOV 1 '61 Carlun & Kraus

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1. PLACE OF DEATH o. COUNTY	Dorchester		MARY	LAND	2. USUAL RESIDENCE (V a. STATE Maryland	Where deceases	b. COUNTY			dmission)
b. CITY OR TOWN (If RURAL and give ne	autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	f autside carpo	rate limits, write F	RURAL and g	jive nearest	town)
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	AL (If nat in haspital, g	ive street			d. STREET ADDRESS		10	71	- 1	S RESIDENCE
Eastern Shor	e State Ho	spita	al		none				YI	ES NO
3. NAME OF DECEASED (Type or print)	Fir		Middle		Last	4. DATE OF DEATH	Mai	oth	Day	Year
S. SEX	narles M. S			- W- 0	. DATE OF BIRTH	DEATH	9. AGE (In years	TE LINDER	1 YEAR IE	1961 UNDER 24 HRS
M	W	WIDOW	RIED NEVER MARRI		8/25/77		last birthday)	Months		ours Min.
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Farmer	ing`life, even if retired) I	Farming		Maryland	1		U.	S. A	•
13. FATHER'S NAME					14. MOTHER'S MAIDEN	SHith				
Charles Sr	itcher				Margaret	&orkewa	TOCK			
IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	ORMANT		Add	lress		
(Yes, no, or unknown)	If yes, give war or dates of s	ervice]		Hos	pital Record	ds, E.S.	S.H., Ca	mbride	ge, Me	d
Canditions, if or gave rise to ir couse (a), stating lying cause last.	the <u>under-</u>	Gen	rt Faïlure eralized A	rteri						weeks
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(IF EITHER, NOTIFY	MEDICAL EXAMINER)	100								
Y 20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Ye	ar 20d, I While at war	NJURY OCCURRED Not while		CE OF INJURY (Hame, fa ary, street, affice bldg., e		ar tawn)	(0	County)	(Stote
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	huf. So	chr	reider	- N	I.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	7	10/2	226. DATE 21/61
22c. PHYSICIAN'S NAME (Type)	John F. S	chnei	der, M.D.		Easton, M	arylan	d			
23a. BURIAL, CREMATIO	N, 23b. DATE THEREC)F	23c. NAME OF CEM	ETERY OF	CREMATORY	23d. LOCA	TION (City, town,	or county)	100	(State)
Burial (Specify)	Oct. 23,1	961	Crumpton	Ceme	tery	Crum	pton,	740	1	Md.
24. FUNERAL DIRECTOR			ADDRESS			C'D BY REGIS		ISTRAR'S SIC		
& Duras	d. Felt	Brico	Millen	ate	N DATE O	CT 25 '6	51 Cu	ribur S.	Thousa	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1363		CERTIF	ICA	ATE OF DEATH			Reg. Dist.	No.	1124
1. PLACE OF DEATH o. COUNTY Do	rchester Co		MARYL	AND	2. USUAL RESIDENCE (Who	ere deceased liv	ed. If instituti b. COUNTY			mission)
b. CITY OR TOWN	(If outside corporate limited	its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If or	utside corporate	limits, write R			
Cambridg	e Md.		Life		Cmabridge Md	l.	13			
OR INSTITUTION	Md. Hospital		oddress)		d. STREET ADDRESS	nd Ave.	1		0	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mor	nth	Day	Yeor
(Type or print)	Mary	,	Willey		Stoker	DEATH	Oct.		14,	19 61
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH		AGE (In years lost birthdoy)			
Female	White	WIDOW	ED DIVORCED		Feb. 6, 1889	7	2 yrs.	Months De	ays Ho	urs Min.
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Housewif			Housewife		Cambridge	Md.			U.S.	A.
13. FATHER'S NAME	CONTRACTOR OF	4			14. MOTHER'S MAIDEN N.	AME				
Willia	m M. Willey	•			Emma S	. Reid				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	NFORMANT		Add	ress		
No			None	Mr	s. Betty Will	iamson	Cambr	idge, N	Id.	
Conditions, if a gove rise to cause (a), stoting	ATH WAS CAUSED BY: IMMEDIATE CAUSE (components) DUE TO Dany, which (bottom mediate)	Ce	ne for (o), (b), and (c).] reball	las	emorkaj lesatu-haj	Berten	in C	vRD.		L BETWEEN ND DEATH
VOLUME PART II. OT	HER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIV	VEN IN PART 1	PE	AS AUTOPSY RFORMED?
200. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	CURREE). (Enter noture of injury in P	ort I or Part II o	of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	While		70e. PLA foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or	town)	(Cou	inty)	(State
21. I certify t	hat I attended the	deceas	ed from Det	/	, 196C, to_C	Det!	14. 19.6	that I las	st saw t	he deceas
alive an	2019	, 19(24, and that a	death		_M, fram t			date st	ated abar
ACTUAL SIGNATURE	mes a	14	compen	-	no Carri	DORESS (Street	, city or town,	Wal.	- 10	196
PHYSICIAN'S NAME (Type)			/						/	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	OF	22c. NAME OF CEMET	ERY O	R CREMATORY	22d. LOCATION	V (City, town,	or county)	(Stole)
Burial	Oct. 17.	196	Dorchester	r Me	m. Park	Cambri	dge	Md.		
23. FUNERAL DIRECTOR	S'S SIGNATURE	199	ADDRESS			BY REGISTRAR	24b. REGI	STRAR'S SIGN	ATURE	

Cirthun S. Kraus

Cambridge Md.

requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 shauld be filed with Then please remove carbon papers. event within 72 hours after death. VS A15 (4) 15M 9/55

LeCompte Funeral Service

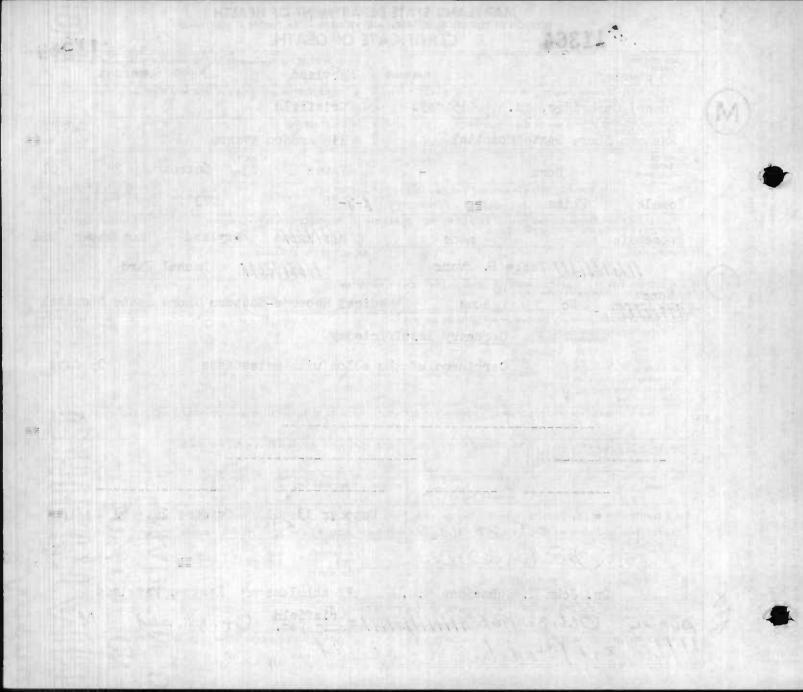
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	11364	TIFICATE OF DEATH
PLACE OF DEATH		2. USUAL RESIDENCE (V

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLA	ND	2. USUAL RESIDENCE (Where dec Maryland		on: Residence Somers		ion)
b. CITY OR TOWN (If autsic RURAL and give peores) t (near) Camb	de carparate limits, write own) ridge, Md.	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If outside of Crisfield	arporate limits, write R	URAL and giv	e nearest tawr	1)
d. NAME OF HOSPITAL (IF OR INSTITUTION Eastern Sho	, ,			d. STREET ADDRESS Richardson Av	venue 19	39-2		FARM?
3. NAME OF DECEASED (Type or print)	First Dora	Middle		Tawes 4. DA	ATH Octobe	r 2	8 Doy	Y-9" 19"1
	7 70 9 4 -	ARRIED NEVER MARRIED WED DIVORCED		ATE OF BIRTH	9. AGE (In years last) brithday) yrs.		YEAR IF UNDE	Min.
10a. USUAL OCCUPATION (Gi during most of working life housewife	ve kind af wark done 10 e, even if retired)	b. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote or forei	gn country) Maryland		known	USA
13. FATHER'S NAME	bwh/ Jesse	D. Evans		14. MOTHER'S MAIDEN NAME	Rachel	Ward		14
15. WAS DECEASED EVER IN U (Yes, no.) (If yes, g	. S. ARMED FORCES? jive war or dates of service)	6. SOCIAL SECURITY NO.	***	ormant ical Records-Eas	addi stern Shore		Hospi	tal
PART I. DEATH WI	AS CAUSED BY:	line for (o), (b), and (c).] Coronary Insuf	ffic	iency			INTERVAL BE ONSET AND	TWEEN DEATH
Conditions, if ony, wi gave rise to immed couse (o), stoting the <u>un</u> lying cause last.	iate (DUE TO	arcinoma of	the	colon with metas	steses		15 da	ys .
CATIC	SNIFICANT CONDITION	S CONTRIBUTING TO DEATH	H_BUT I	OT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIV	EN IN PART 1	PERFC	AUTOPSY ORMED?
20a. ACCIDENT WAS UNION OR CONTRIBUTING CA	DERLYING DATH LUSE OF DEATH CAL-EXAMINER) 20b. D	ESCRIBE HOW INJURY OCC	URRED	(Enter noture of injury in Port I or	Port II of item 18.)			
20c. TIME OF INJURY Mo	Wh		De. PLA foct	CE OF INJURY (Home, form, 20f. ory, street, office bldg., etc.)	(City ar tawn)	(Co	unty)	(State)
21. 1 certify that (#) saw the deceased a	(this haspital) atte	nded the deceased fr 28_1961, and the	am(ottober 13, 161	ta October 2	28, 1961 and on the a	, that (I) (date stated	l abave.
22o. SIGNATURE	7 Schr	eider		D. ATTENDING MED.	STAFF		etober October	b.DATE SIGNED
		chneider M.D.		"Peachblossom	Easton,	Maryla	ınd	
BURIAL (Specify)		01 24 44 44 41 41 41 41 41 41 41 41 41 41 41	IPA	Crisifeld Cem. (OCATION (City, town,	11	MIStor	Ľ
24. FUNERAL DIRECTOR'S SIGN	NATURE Drade	ADDRESS OF A	o L	250. REC'D 8Y RE		strar's sign		

101 VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 11365 CERTIFICATE OF DEATH funeral director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Dorchester a.r. y Lend 1 COMICO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld 5-155U ambridae d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 22 YES NO hote vantico Cate Hoskits NAME OF Middle 4. DATE Manth Day Year DECEASED OF DEATH (Type ar print) 15 196 / 5. SEX 6. COLOR OR RACE AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED after Manths Days WIDOWED T DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OWN FORM -armer 72 13. FATHER'S NAME Cor within remove WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNK DUE TO permit. Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while p. m. at work at work 21. I certify that (1) (this haspital) attended the deceased from Mar 3 1959, ta 0 4 15 1961, that (1) (me) last ____1961 , and that death accurred at 312 M, from the causes and an the date stated above saw the deceased alive an Oct 22a. SIGNATURE 22b. DATE ATTENDING PHYS. SIGNED M.D. DIRECTOR [PHYS. 10-15 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State) REMOVAL (Specify) 24: EUNERAL' DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arillar & thous

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RYLAND STATE DEPARTMENT OF HEALTH

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If any de	10 16	ay (o	ith the	s ofter o
death.	2, and 3	age 5 m	and 2 w	72 hour
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m 24 ho	Give F	ith form	t. File	ony eve
ted with	Hem. 18.	alang w	if permi	and in
be execu	encil in	Office 1	ial-trans	removal
should	ng in p	ominer	os o bur	tion, or
ertificate	pendi	dical Ex	be ased	cremo
R: This c	the ward	Chief Me	should	to buria
CAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please	writing	to the	ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, 173	t, prior
CALEX	ficate.	warded	ECTOR	d open

TATE DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rec		1	1	3	5	1
Pag	Diet	No	- dila	U	U	3

17	365 ME	DICA	L EXAMINE	R'S	CERTIFICAT	E OF	DEATH	Reg. Dist.	11 No.	351
I. PLACE OF DEATH				T	2. USUAL RESIDENCE (W	/here deceo				
Do:	rchester Co	•	MARYL	AND	o. STATE Md.		b. COUNTY	Dorche	ester	Co.
b. CITY OR TOWN (If autside corporate limits, writed	e RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside cor				
Cambridge			12 Yrs.		3 Cambridg	e Md.				
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in has	pital, give street address)		d. STREET ADDRESS				e. l	S RESIDENCE
Cambridge	Md. Hospit	al			Bailey	Rd.				ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir William	st	Middle Kirby		Towers	4. DATE OF DEATH	Month Oct.		Doy	Yeor 19 61
5. SEX	6. COLOR OR RACE	7. MARRII	DE NEVER MARRIED	[] 8. E	ATE OF BIRTH	l	9. AGE (In years			INDER 24 HRS
Male	White	WIDOWE			Jan. 7, 188	7	74 yrs.	Months Da	ys Hou	urs Min.
100. USUAL OCCUPAT	ON Give kind of work	done 10b.	CIND OF BUSINESS OR IN	IDUSTRY				12. CITIZEI	N OF WH	AT COUNTRY
Carpente:	ng life, even if retired)		Building		Maryland			U.S.	. Δ .	
13. FATHER'S NAME	7			1	4. MOTHER'S MAIDEN N	-		1 0.0	427.4	
Edwar	d Towers				Sarah	Nicho	ls			
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	DRMANT		Address			
No	jir yes, give war or dates at		Vone	Mrs	. Towers		Bailey	Rd.		
Conditions, if gave rise to imme (o), stoting the cause lost.	underlying DUE TO (c) HER SIGNIFICANT CON	Diffions CC	ONTRIBUTING TO DEATH	8UT NO	EMB				a) 19. W	AS AUTOPSY REFORMED?
PART II. OT 200. EXTERNAL CA PRIMARY OF CCAUSE OF DEATH 20c. TIME OF INJU Hour o. m. p. m.	USE WAS DITRIBUTING DITRIBUTIN	Ob. DESCRIB	E HOW INJURY OCCURRED 20e	ED. (Ente	or nature of injury in Part OF INJURY (Home, form, street, office bldg., etc.	, 120f. (Cit)		(County	YES [(Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)		Notural of R	MARY 122C. NAME OF CEMETER	A N	M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL VDEPUTY MEDICAL	AMINER [] AL EXAMINE EXAMINER [R	mined mo	nner [and in my TE SIGNED 6/6/
REMOVAL (Specify Burial 23. FUNERAL DIRECTO	oct. 16,	1961	Spring Hil		emetery	East	on,		aryla	and
LeCompte F	uneral Serv	ice	Cambridge, M	ld.	DATE O	T 2 4 '	61 Oct	chun 8. H	rouge	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11367

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	Dorchest	MARYLA		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline									
	b. CITY OR TOWN (If outside carporote I RURAL and give nearest tawn) Cambrids	5 mo. 23da		c. CITY OR TOWN	(If outside corpo Ridg	orote limits, write RUR Sely	AL and give	5 × ->					
	d. NAME OF HOSPITAL (If not in hospitol OR INSTITUTION Eastern	-	oddress) State Hospit	al	d. STREET ADDRESS None e. IS RESIDE! ON A FAI YES \(\sigma \) N								
	3. NAME OF DECEASED (Type or print) Will	First iam	Middle ⊶		lost Walls	4. DATE OF DEATH	Manth Octobe	r 20	Day)	Yeor 1961			
	S. SEX M 6. COLOR OR RAC	E 7. MAR	RIED 🔀 NEVER MARRIED /ED 🔲 DIVORCED [9-26-77				YEAR IF UND	T			
	10a. USUAL OCCUPATION (Give kind of war during most of working life, even if retirement from Farmer	k dane 10b. ed)	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Maryland			12. CITIZEN OF WHAT COUNTS					
V	13. FATHER'S NAME	1.1		1	4. MOTHER'S MAIL	DEN NAME				1133			
	J. E. Walls				Etta Phillips								
	15. WAS DECEASED EVER IN U. S. ARMED F. (Yes, no. or unknown) (If yes, give war or dates		SOCIAL SECURITY NO.	17. INFO	RMANT		Addres	\$					
	No		None	La	ra Wall	yland							
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO												
	Canditians, if any, which gave rise to immediate cause (a), stating the under	(b)	ascular Dise	ase					Sev.	yrs.			
	lying couse last.	(c)								ALITOREY			
	PART II. OTHER SIGNIFICANT CO		CONTRIBUTING TO DEAT	H BOL MC	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIVE	V IN PARI I	PERF	ORMED?			
		20b. DES	SCRIBE HOW INJURY OCC	CURRED. (Enter nature af inju	ry in Port I ar Pa	irt (af item 1B.)						
	20c. TIME OF INJURY Month, Doy, Haur a. m. p. m.	While	Not while_	factar	OF INJURY (Home, y, street, affice bldg	, farm, 20f. (Cit ,, etc.)	ly ar tawn)	(Cau	inty)	(State			
	21. I certify that (I) (this haspital) attended the deceased fram April 28 161, ta October 20 1961, that (I) (we) last saw the deceased alive an October 20 1961, and that death accurred at 15M, from the causes and an the date stated above.												
	220. SIGNATURE S INVOLVENCEUT, M.D. ATTENDING MED. DIRECTOR STAFF PHYS.												
	22c. PHYSICIAN'S NAME (Type) Dr. Simon	Virk	utis		E.S.S.Ho	spital,	Cambridge,	Md.	10-2	0-61			
	236. BURIAL, CREMATION, REMOVAL (Specify) Burial	2-61	23c. NAME OF CEMET		REMATORY		ATION (City, town, or Reely, Ma	county)	(Sto	ote)			
	24. FUNERAL DIRECTOR'S SIGNATURE	Z-01	ADDRESS		₄ 25a.	RECIDIBY REGIS	TRAR 256. REGIST	RAR'S SIGN	ATURE	-			
	John EBnelins	9	Greensl	010	mal DAT	001 2 0	Cin	Mus S.	Thous				

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MARYL	AND	STATE	DEPARTMEN	TOF	HEALTH-	BALTIMORE,	18
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	1368			CERTIFIC	ATE O	F DEAT	TH		p	Reg. Dis	t. No.	1,1	353		
1. PLACE OF DEATH o. COUNTY Dor					2. USUAI o. STA	RESIDENCE (VITE		ed lived. If instit b. COUN		Residenc			on)		
b. CITY OR TOWN (RURAL and give n	If autside carporote limi	c. LENC	OTH OF STAY IN 16	c. CIT	OR TOWN (I	f autside carp	orote limits, write	e RUR	AL and g	íve nea	rest lown				
	ridge			lay - 21h			bridge			Rt	#2				
d. NAME OF HOSPIT	TAL (If not in hospital, (d. STREET ADDRESS o. 1S RESIDENCE ON A FARM?												
C	ambridge M	aryla	ind l	lospital	Cam	Cambridge R.F.D. # 2			YES 🔀 NO 🗌						
3. NAME OF DECEASED	Fi	Beverly		Middle		Willey		Month			Do		(ear		
(Type or print)				Jean	M			1 Oe	Octobe				17		
5. SEX	6. COLOR OR RACE	7. MARR	RIED	NEVER MARRIED	8. DATE OF	BIRTH		9, AGE (In year		Manths	1 YEAR Days	Hours	R 24 HRS. Min.		
Female	White	WIDOW		DIVORCED [ber 25	1961	У	rrs.		1"	21	Min.		
10o. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.			DUSTRY 11. BI	RTHPLACE (Sto	ite ar foreign	country)	,	12. CITI	ZEN O	F WHAT	COUNTRY		
nor	10		No	one		Maryland U.S.A.									
13. FATHER'S NAME					14. MO1	14. MOTHER'S MAIDEN NAME									
Eldri	dge Mace W	illey	7		1	erna E	rnestin	ne Wheat	ly						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL :	SECURITY NO. 17	INFORMAN'			A	ddress			1000			
no					Verns	Wille	y - Can	bridge,	Ma	ryla	nd	Rout	e #2		
18. CAUSE OF DEA	ATH [Enter only one co	ouse perti	ne for (a)	, (b), ond (c).}	0	-	0 -		1		INTE	RVAL BET	WEEN		
PART 1. DEA	TH WAS CAUSED BY:	1 (8	u	olista	1 12	Kill	& Cli	Long	le	1		Day			
758.2															
	Conditions if now which)														
	gave rise to immediate														
lying cause last.	couse (a), storing the under-														
PART II. OTI	HER SIGNIFICANT CON		ONTRIBL	JTING TO DEATH B	UT NOT RELAT	ED TO THE TER	MINAL DISEA	SE CONDITION	GIVEN	IN PART	1(0) 19	PERFOI YES	NO N		
PART II. OTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HC	W INJURY OCCUR	RED. (Enter no	ture of injury i	in Part I ar Pa	rt II of item 18.)							
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 White Not white at wark of work of wor															
21. I certify that I attended the deceased fram. 10/28, 196, ta 10/30, 196, that I last saw the decease															
alive an	alive an, 196/, and that death occurred at Z. YO, from the causes and on the date stated above														
ACTUAL SIGNATURE M.D. 104 LO CLST ST 10/30/62															
PHYSICIAN'S NAME (Type)	PHYSICIAN'S W/+/+/ANKS CAMBRIDGE MARYLAND														
220. BURIAL, CREMATIC		OF.	22c. N	AME OF CEMETERY	OR CREMATO	ORY	22d. LOC/	TION (City, tow	n, or c	county)		(State)		
Burial (Specify)	Nov. 1,	1961	Do	rchester	Mem. Pa	ark	Camb	ridge		Md.					
23. FUNERAL DIRECTOR	'S SIGNATURE		AD	DRESS	-	24g. RE	C'D BY REGIS	TRAR 24b. RE	GISTR	RAR'S SIG	NATUR	E			

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Le Compte Funeral Service Cambridge Md.

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